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# NAVAL RESERVE Medical Department Program

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MEDICAL  
CORPS



DENTAL  
CORPS



MEDICAL SERVICE  
CORPS



NURSE  
CORPS



HOSPITAL  
CORPS

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RESERVE DIVISION • BUREAU OF MEDICINE AND SURGERY  
DEPARTMENT OF THE NAVY • WASHINGTON, D. C.





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## FOREWORD

The Naval Reserve is organized and administered under the Armed Forces Reserve Act of 1952, as amended by the Reserve Officer Personnel Act of 1955 and other legislation pertinent to Naval Reserve matters.

Broadly stated, the mission of the Naval Reserve is to provide trained individuals to augment our regular forces in time of war or national emergency. The Naval Reserve Medical Department Program is a part of the over-all Naval Reserve Program, and its aim is to provide physicians, administrators, nurses, and technicians, as needed, for service in the Navy's Medical Department.

The purpose of this pamphlet is to describe the present Naval Reserve Medical Department Program, its relationship with the Naval Reserve and the U.S. Navy, and its implementation through Department of the Navy policies and directives.

The motivated and qualified individual can become a member of the Naval Reserve, participate in its program, and make a valuable contribution to national defense.



R. B. BROWN  
Rear Admiral MC USN  
Surgeon General



# HISTORY OF THE MEDICAL DEPARTMENT OF THE NAVY

The practice of naval medicine in America had its beginning late in 1775 when the first American fleet was placed in commission by acts of the Continental Congress. The first physicians on duty with the fleet were selected by commanders of naval vessels to serve on individual voyages. The financial reward which they could expect consisted mainly of a share in such booty as the ship might capture. They were often assisted only by the oldest or least competent seamen on board.

In 1798, when the Navy Department was established, naval physicians and their assistants were given the status of commissioned officers. They operated independently, as individuals, as there was no organized medical department. During the early years of the 19th century, they carried on a continuing and energetic fight for a well-organized medical department in the Navy. Their efforts resulted in improvement in quality of professional personnel and medical equipment and supplies, and in setting up quarters for the sick on board ships and at hospitals ashore.

Another potent factor in improvement of medical care of naval personnel was the Marine Hospital Fund, established with monthly payments from all seamen and later augmented by money from fines and forfeitures. Hospitals, established in any quarters that could be found, were financed by this Fund, as was the first permanent hospital, opened in Norfolk, Va., in 1830. The success of this hospital was so impressive that the Navy was able to obtain funds for additional hospitals in Philadelphia, Boston, and Brooklyn, where the first patients were received in 1833, 1836, and 1838 respectively.

Outstanding among naval physicians of the early 19th century and personally responsible for improvement in medical care of naval personnel was William P. C. Barton, who was instrumental in establishing a medical journal on each patient and a medical library in each naval unit. Barton proposed utilizing female nurses in hospitals—a proposal which went unheeded for two genera-

tions. Perhaps his greatest contribution was the writing of "A Plan for the Internal Organization and Government of Marine (Navy) Hospitals." This treatise had much to do with the establishment by Congress, in 1842, of the Bureau of Medicine and Surgery, which was created to supervise naval medical affairs along the lines Barton had proposed. This Bureau, incidentally, is the only one in the Navy Department which still retains the name under which it was established. Most appropriately, Barton was named its first chief.

From its inception, the new Bureau made notable progress in organizing, developing, and perfecting naval medicine. Fascinating accounts of this progress can be found in the reports to the Secretary of the Navy made each year since Civil War times by the surgeons general. These reports have been of great value in determining trends of morbidity and mortality rates and have been widely used by students of preventive medicine, vital statistics, and public health.

The establishment of hospitals in ships—an early accomplishment of the Bureau of Medicine and Surgery—conferred mobility on medical and surgical care. A long controversy over whether a medical or a line officer should command such a ship ended in placing a line officer in command of the ship and a medical officer in command of the hospital within the ship. All professional medical matters were, of course, handled by the medical officer.

Among famous early hospital ships were *Red Rover* and U.S.S. *Solace*. The former, which was used during the Civil War, was a Mississippi side-wheeler converted to hospital use under the command of Surgeon Ninian Pinkney. One of its claims to fame was that its staff included the first female nurses of record in the Navy. They were nursing sisters who volunteered for service only during the war. U.S.S. *Solace*, converted to hospital use in 1898 during the Spanish-American War, was the first of our naval vessels to fly the Geneva Red Cross flag.

Since the beginning of World War I, more advanced hospital ships have been developed. Near the close of World War II, some 12 hospital ships were in operation by the Navy. During the Korean war, installation of landing platforms for helicopters increased the effectiveness of hospital ships, as casualties could be flown in a matter of minutes from close behind the front line to the safety and expert care available on the ship. Such atraumatic and expeditious handling saved many lives.

Other innovations which proved to be of great value were instituted by the Bureau of Medicine and Surgery during its early years. Among these was preparation of a book of instruction for medical officers, now known as the Manual of the Medical Department. This manual was first published

in 1886. A Naval Medical School for postgraduate instruction in special aspects of naval medicine was established by Surgeon General Presley M. Rixey, in 1902, for indoctrination of newly appointed medical officers. Annual physical examinations of officers were begun in 1909.

The quality of medical care provided personnel of the Navy and Marine Corps since 1775 has shown constant—and at times dramatic—improvement. In the 18th century, the severely wounded or ill sailor had little hope of survival. In contrast, during the Korean war the mortality rate for the Navy and Marine Corps reached an alltime low, and the morbidity rate was also the lowest in history.

# THE MEDICAL DEPARTMENT OF THE NAVY TODAY

The Medical Department of the Navy embraces personnel trained in medical, dental, and collateral sciences, and the facilities and the administrative structure necessary to provide efficient medical and dental services for the Navy. The mission of the Medical Department can be stated broadly as "the maintenance of the health of the Navy and the care of the sick and injured." The integration necessary to accomplish this mission is attained through the efforts of Medical Department personnel to achieve a common purpose under the guidance of the Bureau of Medicine and Surgery, which has the responsibility and the authority for the direction of the medical and dental services of the Navy.

The Medical Department is charged with and is responsible for maintaining the health of the Navy through the promotion of physical fitness, the prevention and control of diseases and injuries, and the treatment and care of the sick and injured. In order to fulfill this responsibility, the Medical Department is actively concerned with all phases of life in the Navy and makes recommendations to and advises all departments of the Navy on matters which may affect the health of naval personnel.

The administration of all professional medical, dental, and allied services of the Navy is centered in the Bureau. The responsibility for coordinating and integrating the administrative and professional functions of the Medical Department is vested in the Surgeon General, who is the Chief of the Bureau. He is assisted by the Deputy and Assistant Chief of Bureau, and other staff personnel. In accordance with the statutory organization of the Navy Department, the duties of the Bureau are performed under the authority of the Secretary of the Navy; thus, orders issued by the Bureau in fulfilling its responsibilities have the full force and effect of orders issued by the Secretary.

## THE BUREAU OF MEDICINE AND SURGERY

The Bureau of Medicine and Surgery is the central agency of the Medical Department. Its basic

functions are to develop Medical Department plans, policies, and practices and to direct the organization and operation of medical and dental activities ashore and afloat, with the goal of attaining the highest quality of medical and dental care and maximum efficiency in Medical Department operations.

In the overall organization of the Navy Department, the Chief of the Bureau of Medicine and Surgery is a technical assistant and advisor to the Secretary of the Navy, the Civilian Executive Assistants, and the Chief of Naval Operations in the formulation of policies and procedures governing the administration of the Naval Establishment in medical and dental matters. He has direct access to the Secretary of the Navy on all matters concerning the health of the Navy and the performance of the Medical Department in providing for the medical and dental needs of the Navy and maintaining health standards at the highest possible levels. He is responsible to the Chief of Naval Operations for the medical support of the operating forces and to the Civilian Executive Assistants in all matters affecting the business and logistic administration of the Medical Department.

The Bureau, in directing the work of the Medical Department, cooperates and maintains liaison, as appropriate, with other bureaus and offices of the Navy Department, field commands, the other armed services, the Department of Defense, other governmental agencies, and quasi-public and private organizations.

The bureau participates with the offices of the surgeons general of the Army and Air Force in operating the various joint medical agencies established by the Secretary of Defense. Some of these are the Armed Forces Institute of Pathology, and the Armed Services Medical Regulating Office. In addition, the Bureau is responsible for administrative support of the Armed Services Medical Materiel Coordination Committee.



# PERSONNEL COMPONENTS OF THE MEDICAL DEPARTMENT

## MEDICAL CORPS

The term "Medical Corps" was first employed in a Congressional appropriation act of 1871. Thereafter, medical officers were listed as members of the staff rather than the line of the Navy. Their grades were medical director, medical inspector, surgeon, passed assistant surgeon, and assistant surgeon, with the respective ranks of captain, commander, lieutenant commander, lieutenant, and master (later changed to lieutenant, junior grade). Since 1918, medical officers have held the regular military titles of their rank.

All officers of the Medical Corps are charged with responsibility for the treatment of sick and injured personnel, for prevention and control of disease, for promotion of health, and for giving advice on such matters as hygiene, sanitation, and safety. Every officer of the Medical Corps must, therefore, keep himself informed in all fields of general and naval medicine.

Applications for appointment in the Medical Corps of the Regular Navy or Naval Reserve are made at Navy recruiting stations. The location of these stations is listed elsewhere in this booklet.

Medical officers of the Naval Reserve have the designator 2105.

Naval Reserve Medical Corps officers on inactive duty may participate in the Naval Reserve Medical Department Program in the manner shown elsewhere in this booklet.

## HISTORY OF THE DENTAL DEPARTMENT OF THE U.S. NAVY

Although the U.S. Naval Dental Corps is more than a half century old, the needs were recognized many years before. With the end of limited sea voyages and the use of sail, and further development of the navigation arts, longer ocean voyages were made possible. This brought about the need

for dentists, as well as physicians, who would sail with the fleet.

The earliest efforts to establish military dentistry were made by Edward Maynard, A.M., M.D., D.D.S., an outstanding practitioner of dentistry in Washington, D.C., in 1844. It was through his contacts with several Presidents, and many national figures of the time, who were also patients of his, that the need was recognized.

In 1858 the first bill was introduced toward the establishment of a dental corps in the Army and the Navy, and in 1898 a bill was introduced to establish a branch of the Medical Department, to be known as the Dental Corps in the Army and Navy.

It was not until 22 August 1912, Congress established the Dental Corps by authorizing the Secretary of the Navy "to appoint not more than 30 acting assistant dental surgeons to be part of the Medical Department of the U.S. Navy." On the same day an act of Congress was signed that created the Medical Reserve Corps to "be a constituent part of the Medical Department of the Navy." It is to be noted that this was a reserve and a component specifically of the Medical Department.

Two months later, the first dental officer was appointed to serve in the U.S. Navy. He was Emory A. Bryant, D.D.S., of Washington, D.C. Shortly following this appointment the first dental officer went on active duty in the U.S. Navy. He was William N. Cogan, D.D.S. He was appointed Acting Assistant Dental Surgeon for temporary service to select candidates to serve as dental officers. This appointment was followed by the first examining board for the selection of dental officers to serve in the U.S. Navy. In January 1913 the first successful candidates were appointed.

Six months and ten days later, on 4 March 1913, Congress authorized the establishment of the Navy Dental Reserve Corps, patterned after the Medical Reserve Corps and designed to be a similar con-

stituent of the Medical Department. Neither of these Reserve Corps could be regarded as a part of Naval Reserve because there was no naval reserve as such at that time. On the other hand, if it is argued that they must have been a part of a naval reserve because appointments to them did not confer active status in the Regular Navy, then the Medical Reserve Corps and the Dental Reserve Corps must share the honor of being the first authorized parts of what later became a permanent Naval Reserve. The first 3 members of the Dental Reserve Corps were appointed in April 1913 and 6 more were selected in September 1913 when there were but 15 members of the Regular Corps.

Up until August 1916 dental officers were merely appointed and not commissioned. Although dental officers wore the stripes of a lieutenant (junior grade), they were considered to have a "relative rank." There were no provisions for promotion. The letters, "M.C.D.S." were used to designate "Medical Corps, Dental Surgeon." On 29 August 1916, a reorganization act was passed by Congress, to appoint and commission dental surgeons in the Navy (at the rate of 1 for each 1,000 of the authorized enlisted strength) of the Navy and Marine Corps. These officers were to constitute the Naval Dental Corps and be a part of the Medical Department of the Navy.

The act of 29 August 1916 also created anew a Navy Dental Reserve Corps to be organized and operated under the same provisions as the Navy Medical Reserve Corps, and authorized the commissioning of officers in that Corps. This act of 1916 established the name as the U.S. Naval Dental Corps.

It was in October 1916 the Secretary of the Navy reported, in part " \* \* \* The Dental Corps is a new experiment in the Navy and its usefulness will be better demonstrated as time goes on \* \* \*."

From a total of 35 dentists on duty at the outbreak of World War I, the Dental Corps expanded to over 500, of whom 124 were commissioned in the Regular Corps, the balance being in the Naval Reserve Force. Ninety percent of those commissioned in the Regular Corps during the war served at sea or overseas.

From the post-World War I period to the onset of World War II, the U.S. Naval Dental Corps continued to expand. In 1922 two events were formulated to serve as milestones in the development of the Dental Corps; first, the establishment of the U.S. Naval Dental School, opened in Feb-

ruary 1923; and second, the creation of a Dental Division in the Bureau of Medicine and Surgery. However, it was not until December 1945 that Public Law 284 was approved which established the Dental Division as we know it today.

In October 1942, by request of the Surgeon General to the Chief of Naval Personnel, the office of district dental officer was established. Some of the larger naval districts already had a district dental officer, but it became necessary to have one in each district to better coordinate the function of the Dental Corps. At the present time, district dental officers have the additional duty of Naval Reserve Dental Program Officer.

Few engagements took place during World War II, without the active participation of a dental officer serving with his unit. There were a total of 93 awards given, which is some measure of their heroic efforts of this period.

Every year with increased professional opportunities, continued participation, training, and advancement provided, the U.S. Naval Dental Corps and its Reserve counterpart, continues to provide an adequate trained force ready for mobilization.

## MEDICAL SERVICE CORPS

The latest, and perhaps the most significant, reorganization in the Medical Department of the Navy was effected in 1947, with the passage of the Army-Navy Medical Services Corps Act. This legislation established the Medical Service Corps and thus satisfied a long-felt need for a permanent commissioned officer corps of specialists to complement the purely professional functions of the Medical Corps and the Dental Corps. Enactment of the Medical Services Corps Act was accomplished through a concerted effort to secure legislation which would enable the Armed Forces medical services to overcome a handicap in maintaining the highest possible professional and management standards in their medical departments.

Prior to enactment of the aforementioned legislation, it was impossible for the Navy to commission members of professions allied to medicine in ranks commensurate with their educational and professional attainments. Need for such officers had been sorely felt in both World Wars. The deficiency of specialists in allied professions during World War I was solved, in a measure, by resorting to the expediency of promoting chief warrant and warrant officers of the Hospital Corps to commissioned ranks for temporary service in the Medi-

cal Corps. This expediency proved to be less than completely satisfactory, and, following the declaration of peace, all such Hospital Corps officers who did not hold a medical degree were reverted to commissioned warrant officer status. To a certain extent, the same expediency was resorted to during World War II.

Early in World War II, the Navy learned that many managerial and professional Medical Department functions could be assumed by persons educated and trained in skills other than medicine. Several hundred scientists in fields allied to medicine, enrolled in the Hospital Corps Reserve component in specialist classifications, proved invaluable in the fields of research and preventive medicine. Career officers of the Hospital Corps also ably demonstrated the need and justified the existence of a corps of specialists with many years of practical experience and technical training. These officers were assigned to many diversified and often very complex duties. Especially skilled, as they were, in naval doctrine and procedures, procurement, accounting, food service, personnel, maintenance, and other aspects of administration, they contributed extensively to the efficient operation of every type of medical and dental activity, both ashore and afloat.

The Medical Service Corps contains commissioned rank structure of ensign to captain, inclusive. Original appointments in the Regular Navy are made in the grade of ensign, except that a candidate holding a doctorate in his specialty may be originally appointed in the rank of lieutenant, junior grade. The Medical Services Corps Act of 1947 also authorized organization of a Reserve component, in which qualified applicants may be commissioned as Medical Service Corps officers. Appointments are made under administrative and legal provisions existing at the time of application. The applicant's eligibility may be determined at Navy recruiting stations, the addresses of which are listed elsewhere in this booklet.

Officers of the Medical Service Corps of the Naval Reserve have the designator 2305.

Naval Reserve Medical Service Corps officers on inactive duty may participate in the Naval Reserve Medical Department Program in the manner shown elsewhere in this booklet.

## NURSE CORPS

In 1811, 9 years before the birth of Florence Nightingale, Dr. William Paul Crillon Barton, a

young Navy surgeon who later became the first surgeon general, was commissioned by the Secretary of the Navy to submit his recommendations for conducting hospitals and institutions for the sick. He wrote: "The nurses, whose number should be proportionate to the extent of the hospital and number of patients, should be women of humane disposition and tender manners, active and healthy. They should be neat and cleanly in their persons, and without vices of any description \* \* \* and are to attend with fidelity and care upon all the sick committed to their charge \* \* \*."

In 1856, the Navy outfitted a confiscated Confederate steamer, *Red Rover*, as a floating hospital. Nuns of a nursing sisterhood went aboard to care for patients. On 13 May 1908, by act of Congress, the Nurse Corps, U.S. Navy, was established. Between 1908 and 1916, Navy nurses were assigned to various naval hospitals and served outside the United States in the Philippines, Guam, Honolulu, Yokohama, Samoa, Virgin Islands, and Cuba. In 1916, the U.S. Naval Reserve Force was created, with a provision for Reserve nurses. The total enrollment of Regular, Reserve, and Reserve Force nurses was 466 in 1917. During World War I, Navy nurses were sent to the Navy's base hospitals in England, Ireland, Scotland, and some were loaned to Army field units in France. Navy nurses provided outstanding care of patients in almost all theaters of operations during World War II.

The Army-Navy Nurses Act, passed in April 1947, created the Nurse Corps as a permanent staff corps of the U.S. Navy. The act authorized permanent commissioned rank and permitted integration of Reserves into the Regular Navy. A policy change was effected in June 1952 to make all initial appointments in the Nurse Corps, U.S. Naval Reserve, and an augmentation program was established to permit the transfer of Reserves into the Regular component of the Nurse Corps.

*The Nurse Corps Candidate Program* was established in September 1957. This is an educational program for qualified full-time students in their final year at a basic collegiate school of nursing which is fully accredited by the National League for Nursing. Selected applicants are enlisted in pay grade E-3 and receive pay and allowances thereof. In addition, the Navy Department pays tuition and certain related expenses. Upon graduation, they are appointed Ensign, Nurse Corps, U.S. Naval Reserve, and brought on active duty for 2 years. Information concerning require-



ments for eligibility may be obtained at a Navy recruiting station, a naval hospital, or the office of the district medical officer in each naval district. Application for this program may be made at any of the recruiting stations listed elsewhere in this booklet.

In September 1958, military training for Navy nurses was further formalized by the establishment of a 4-month course in nuclear nursing at the Naval Medical School, National Naval Medical Center, Bethesda, Md.

In January 1959, an 8-week indoctrination course was established for all newly appointed Nurse Corps officers ordered to active duty. The course is conducted at the U.S. Naval Schools Command, U.S. Naval Station, Newport, R.I. Upon successful completion of the course, Nurse Corps officers report to one of the large naval hospitals located throughout the United States. The course of instruction is planned to aid the newly commissioned Nurse Corps officer in adjusting to military life and to acquaint her with her responsibilities and privileges as an officer. Through systematic instruction in naval subjects, new appointees are prepared for effective integration into active duty assignments in the Nurse Corps. Appropriate theoretical background concerning the Navy Medical Department is provided, but no practical experience in a naval hospital is scheduled until the officer reports to her first permanent duty assignment.

Throughout the course of instruction, emphasis is placed on the attainment of a rating of "Excellent" in naval subjects and on the development of a fine sense of professional leadership in preparation for the assumption of responsibility for nursing services as practiced within the Naval Establishment.

#### *Basic Requirements for Appointment in the Nurse Corps*

1. Must be a high school graduate with at least 15 units of credit.
2. Must be a graduate of a school of nursing which offers a program of at least 3 years in length, which was approved by the appropriate state accrediting agency at the time the program was completed by the applicant.
3. Must be a registered professional nurse in good standing.
4. Must be engaged in the ethical practice of nursing or in related appropriate professional activities.

5. Must be at least 19½ and under 34½ years of age at the time of submission of application. Ranks are assigned in accordance with age and professional experience.

Application for appointment in the Nurse Corps should be made at a Navy recruiting station or at a naval hospital. Locations of recruiting stations are shown elsewhere in this booklet.

Officers of the Nurse Corps of the Naval Reserve have the designator 2905.

Naval Reserve Nurse Corps officers on inactive duty may participate in the Naval Reserve Medical Department Program in the manner shown elsewhere in this booklet.

## HOSPITAL CORPS, ITS ORIGIN, 1898

The Hospital Corps came into existence as an organized unit of the Medical Department under the provisions of an act of Congress, approved 17 June 1898.

This act provided for appointment to the warrant rank of pharmacist, and established the following ratings:

- (a) Hospital Steward (chief petty officer).
- (b) Hospital Apprentice First Class (third class petty officer).
- (c) Hospital Apprentice.

In accordance with this act, the Secretary of the Navy appointed 25 senior apothecaries of the Navy as pharmacists. These original 25 are rightfully referred to as the charter members of the Hospital Corps. The dean of these was Cornelius O'Leary, who was credited at date of appointment with 37½ years of service as an apothecary.

In 1900, during the Boxer uprisings in China, the first member of the Hospital Corps was awarded the Medal of Honor. The citation reads in part: "Standley, Robert, Hospital Apprentice, U.S.N. in action with the relief expedition of the Allied Forces in China during the battles of 13, 20, 21, and 22 June 1900. Throughout this period and in the presence of the enemy, Standley distinguished himself by meritorious conduct." Standley retired from the Navy on 1 February 1939 with the rank of Chief Pharmacist and died on 15 July 1942.

An act of Congress, approved 22 August 1912, provided that pharmacists after 6 years from date of warrant and after satisfactorily passing pre-

scribed examinations should be commissioned chief pharmacists.

The Hospital Corps was reorganized by an act of Congress approved 29 August 1916. This act is considered of sufficient importance to quote in part:

Hereafter the authorized strength of the Hospital Corps of the Navy shall equal three and one-half percentum of the authorized enlisted strength of the Navy and Marine Corps, and shall be in addition, thereto, and as soon as the necessary transfers or appointments may be effected, the Hospital Corps of the United States Navy shall consist of the following ratings: Chief Pharmacists, Pharmacists, and enlisted men classified as Chief Pharmacist's Mates; Pharmacist's Mates, First Class; Pharmacist's Mates, Second Class; Pharmacist's Mates, Third Class; Hospital Apprentice, First Class; Hospital Apprentice, Second Class; such classifications in enlisted ratings to correspond respectively to the enlisted ratings, Seaman branch. \* \* \* *Provided*, That enlisted men in other ratings in the Navy and in the Marine Corps shall be eligible for transfer to the Hospital Corps and men of that Corps to other ratings in the Navy and Marine Corps. \* \* \* The Secretary of the Navy is hereby empowered to limit and fix the numbers in the various ratings. \* \* \* and emoluments of enlisted men of the Hospital Corps shall be the same as are now, or may, hereafter, be allowed for respective corresponding ratings. \* \* \* Hospital and ambulance service, with such commands and at such places as may be prescribed by the Secretary of the Navy, shall be performed by members of said Corps, and the Corps shall be a constituent part of the Medical Department of the Navy: \* \* \*

During World War I, 10 of the 13 chief pharmacists were promoted to lieutenant (MC),

U.S.N. During the war there were 94 temporary commissioned and warrant officers, and 16,000 enlisted men in the Hospital Corps.

During World War I, the reputation of the Hospital Corps for performance of duty, especially in the field with the Marine Corps, was greatly enhanced. Many of the members were cited for valor and performance of duty under fire, by both the United States and France.

In July 1922, all members of the corps holding temporary commissions or warrants were reverted to their respective permanent ranks or ratings.

From the period of World War I to World War II, the Hospital Corps became one of the outstanding corps of the military services. More schools were provided, qualifications for advancement in ratings were raised, and a high degree of technical skill and knowledge was demonstrated by all members of the corps.

#### WAVES AS HOSPITAL CORPSMEN

During World War II, women were first brought into the Hospital Corps. On 12 January 1944, the first Hospital Corps School for WAVES was commissioned at the U.S. Naval Hospital, National Naval Medical Center, Bethesda, Md. The first class consisted of 230 enlisted women.

Public Law 625 of the 80th Congress, approved 12 June 1948, made the WAVES an integral part of the Regular Navy.

### TERMINOLOGY OF THE NAVAL RESERVE

*Active duty*: Full-time duty with the active military service of the United States, other than active duty for training.

*Active duty for training*: Full-time duty with the active military service of the United States for training purposes, most commonly the 2-week cruise.

*Active status*: The status of all Ready Reservists and those Standby Reservists who are not on the Inactive Status List. Such Reservists are identified USNR-R or USNR-S1.

*Active status pool*: All personnel who are in an active status, except those on active duty and those in a drilling unit in the Naval Reserve Program.

*Allowance*: The number of personnel, by grade and designator or rating, authorized to be assigned

to pay units of the Naval Reserve in drill pay billets.

*Anniversary year*: The anniversary year for Naval Reservists who were members on 30 June 1949 will be 1 July to 30 June of each year; for those members entering after 30 June 1949 or whose Reserve service has been broken after that date, the anniversary year is extended from the date of entering or re-entering the Naval Reserve.

*Appropriate duty*: Duty assigned by naval district commandants to accomplish various special tasks in connection with the Naval Reserve.

*Associate quota*: The number of billets authorized for a unit, in addition to its allowance, for training, administrative, or procurement support purposes.

*Associated:* Any Reservist who is assigned to a billet within an authorized unit associate quota is "associated" with that unit.

*Attached:* Any Reservist who is assigned to a billet within an authorized unit allowance is "attached" to that unit.

*Categories of Reservists:* Every Reservist is in the Ready, Standby, or Retired category.

*Inactive duty training:* Any training, instruction, or duty, as prescribed by the Secretary of the Navy, performed by Reservists on inactive duty, with or without compensation. For example, drills and approved correspondence courses are part of this type of training.

*Inactive status:* The status of members of the Standby Reserve who are officially placed on the Inactive Status List, in accordance with regulations prescribed by the Secretary of the Navy. Such Reservists are identified as USNR-S2.

*Inactive status list:* Personnel of the Naval Reserve placed in an inactive status in accordance with the regulations prescribed by the Secretary of the Navy.

*Partial mobilization:* The limited expansion of the active forces through the selective recall to active duty of individual Reservists and organized units.

*Promotion point:* A numerical unit awarded for the successful completion of a defined portion of an approved training program, for the purpose of establishing eligibility for promotion.

*Ready Reserve:* Those members of the Naval Reserve who are liable for active duty in time of war, in time of national emergency declared by the Congress or proclaimed by the President, or when otherwise authorized by law.

*Retired Reserve:* Those members of the Naval Reserve whose names are placed on Retired Reserve Lists in accordance with regulations established by

the Secretary of the Navy. Retired members of the Reserve are liable for active duty only in time of war or national emergency declared by Congress, or when otherwise authorized by law.

*Retired Status:* The status of all members of the Naval Reserve placed on the Retired Reserve List in accordance with regulations prescribed by the Secretary of the Navy. This includes members on the Honorary Retired List, as well as those in retired pay status. Such Reservists are identified as USNR-RET.

*Retirement point:* A unit used to credit an individual for participation in Naval Reserve training and active duty for use in determining eligibility for retirement benefits.

*Selected Reserve:* Those forces available immediately at the outbreak of hostilities involving the United States.

*Standby Reserve:* Those members of the Naval Reserve who are liable for active duty only in time of war or national emergency declared by the Congress, or when otherwise authorized by law.

*Status of Reservists:* Every Reservist is in an active, inactive, or retired status.

*Team training:* Intended to provide Reservists with training in general knowledge and skills required of all Navy men on active duty. It is not intended to be limited to general drill or battle-problem exercises but to teach seamanship, damage control, first aid, and the like.

*Temporary active duty:* Temporary assignment to full-time active duty for the purpose of performing a special task.

*Total mobilization:* The expansion of the active forces to full wartime strength through the general recall of all Naval Reservists.

*Year of Satisfactory Federal Service:* A satisfactory year requires the accumulation of a minimum of 50 retirement points in an anniversary year.

## PROGRAMS AND TRAINING OF THE NAVAL RESERVE

The Chief of Naval Operations stresses the fact that the Naval Reserve is the principal source of trained manpower to augment the Regular Navy in time of emergency. Effective augmentation can best be achieved only through complete integration of the Navy and Naval Reserve as members of the Navy's fighting team.

SECNAV Instruction 1001.4A, paragraph 5, reads: "The operation, administration, and training of the Naval Reserve shall be integrated within the Regular Naval Establishment so completely that all bureaus and offices of the Navy Department, all commands and units of the operating forces, and all shore activities of the Naval Estab-



lishment shall perform their assigned tasks and functions in connection with the Naval Reserve in the same manner as is provided for the Regular Navy \* \* \*."

Congress has authorized the size of the Ready and Standby strength of the Armed Forces Reserve and annually approves the expenditure of funds sufficient to provide inactive duty and active duty training to officer and enlisted personnel to maintain the mobilization readiness required for national emergency and for a declared war.

Training in the Naval Reserve is accomplished through participation in the *Selected Reserve Program* (drill pay), the *Specialist Program* (non-pay), by performance of appropriate duty (pay and nonpay), by performance of active duty for training (pay and nonpay), and by completion of correspondence courses.

## SELECTED RESERVE PROGRAM

The Selected Reserve Program consists of those forces required immediately upon the outbreak of hostilities involving the United States. Normally, they would not be ordered to active duty for partial mobilization or for limited emergencies unless hostilities are involved. The Selected Reserve forces have been established under five (5) components as follows:

1. *Antisubmarine Warfare (ASW)*: Consists of selected Air Reserve forces and Reserve crews of designated DD- and DE-type vessels.

2. *Mine Warfare*: Consists of Reserve crews of designated MSC(O) type vessels.

3. *Active Fleet Augmentation*: Consists of selected Air Reserve forces and the Surface, Submarine, and Hospital Corps Programs. Included in the Surface Program are Surface, Electronics, Fleet, and Training Divisions.

4. *Fleet Support Activities*: Consists of Naval Air Reserve Maintenance Units and the Advanced Base Command; Amphibious Beach; Construction Battalion; Harbor Defense; Military Sea Transportation Service; Ship Activation, Maintenance, and Repair; and Ship Supply Officer Programs.

5. *Shore Establishment*: Consists of Bureau of Naval Weapons Air Reserve Training Units and the Telecommunications Censorship; Communications; Intelligence; Marine Terminal Management; Mobilization Team; Naval Security Group; Selective Service; and Recruit Training (W) Programs.

The basic unit of the Selected Reserve Program is termed a "Division."

Attachment to a Selected Reserve unit in a pay status requires:

1. Attendance at scheduled drills of the unit. Drills are of three hours duration and are held 24 or 48 times annually, dependent upon the specific program.

2. Performance of 14 days of active duty for training each fiscal year. Pay and allowances are received during this period.

3. Acceptance of Type A Mobilization Orders, which requires immediate reporting to a designated active duty assignment in the event of an attack upon the United States or full mobilization.

## OPPORTUNITIES FOR AFFILIATION WITH OTHER PROGRAMS OF THE SELECTED RESERVE

Drill pay billets for the designated category of Medical Department officers (less dental) also exist in the following Selected Reserve programs:

Air Reserve	2105 (Medical Corps)
	2305 (Medical Service Corps)
Reserve Crews (DD and DE)	2105
Surface	2105
	2305
Advanced Base Command	2105
MSTS	2305
	2105
	2305
	8175 (Medical Service Warrant)
Mobilization Team	2105
Ship Activation, Maintenance, and Repair	2305
	8175

Information as to the location of units of the Selected Reserve, eligibility requirements, and application procedure can be obtained from the nearest Naval Reserve training center or by writing to the commandant of the naval district in which the interested officer resides.

## MARINE CORPS RESERVE

While organized units of the Marine Corps Reserve are not a part of the Selected Naval Reserve, their concept is identical; i.e., organized units immediately available. 2105 officers and hospital corpsmen are eligible for attachment to these units in a drill-pay status.

## SPECIALIST PROGRAM

The Specialist Program is the nonpay program of the Naval Reserve, having the mission of providing trained personnel required for *phased* mobilization in time of war or national emergency, or when otherwise required by law for duty in conjunction with the needs of the regular service.

The Specialist Program consists of the following types of units which are called companies; Naval Reserve Medical Company:

Bureau of Ships	Naval Material
Chaplain	Naval Security Group
Civil Engineers	Ordnance
Communications	Petroleum
Composite	Politico-Military Affairs
Dental	Public Relations
Intelligence	Research
Law	Supply Corps
Medical	Naval Reserve Officers Schools
Merchant Marine	
Military Sea Transportation Service	

All specialist programs, except the NROS Program, are authorized to schedule 24 drills annually. If the unit commanding officer desires to afford members of his unit more training than that offered through the regular curriculum or if the unit desires to undertake a special project or study which is in consonance with the specialty of the program concerned, additional drills, not to exceed a total of 48, may be scheduled with the approval of the commandant.

Training in the Specialist Program is primarily through the medium of package curricula developed by the program sponsor. In the case of the Medical Program, the program sponsor is the Chief, Bureau of Medicine and Surgery.

## MEDICAL PROGRAM

The mission of the Medical Program of the Naval Reserve Specialist Program is to provide a force of qualified personnel of the Medical Corps, Medical Service Corps, Nurse Corps, and Hospital Corps which will be available for mobilization in time of war or national emergency or when otherwise required by law for duty in conjunction with the needs of the regular service.

Naval Reserve Medical Companies are composed of Reserve officers with designators 1915, 2105, 2305, 2905, 8175, 8185, and Reserve enlisted personnel of the Hospital Corps. At localities where a Naval Reserve medical company does not exist, these personnel may affiliate with other programs of the Naval Reserve for which eligible. At locations where units of the Dental Program do not exist, 2205 officers (Dental Corps) and enlisted dental technicians may affiliate with units of the Medical Program, if available.

Interested persons may obtain full information concerning the Medical Program of the Naval Reserve by contacting the district medical officer of the Naval district in which they reside.

## DENTAL PROGRAM

The Mission of the Dental Program of the Naval Reserve is to provide qualified dental personnel in time of war or national emergency to augment the active duty forces.

Naval Reserve officers with designators 1925, 2205, 2305, 2905, 8175 and 8185 and Naval Reserve enlisted dental technicians or dentalmen are qualified for affiliation with the Dental Program.

Interested persons may obtain full information concerning the Dental Program of the Naval Reserve by contacting the district dental officer of the naval district in which they reside or by communicating directly with the Dental Division, Bureau of Medicine and Surgery, Department of the Navy, Washington 20390, D.C. The information booklet entitled "Navy Programs for Dental Students" is available from any of these offices.

At locations where units of the Medical Program do not exist, 2105 officers (Medical Corps) and hospital corpsmen may affiliate with units of the Dental Program, if available.

## DENTAL CORPS

The term "Dental Corps" was authorized by the 2d session, 62d Congress, in August 1912. The

Naval Dental Reserve, as we know it today, was established in 1916, when an act of 29 August 1916 authorized a "Naval Dental Reserve Corps" to be organized and operated.

All officers of the Dental Corps have the principal duty to treat and prevent diseases, disabilities, and injuries of the jaws, teeth, and related structures. The dental officer shall be responsible for conducting an organized program of preventive dentistry and dental health education for all personnel dependent on him for dental service. It is desirable that all dental officers administer dental administration and supervision properly, but keep the time required to an absolute minimum in order to increase their professional accomplishments.

The Dental Corps of the U.S. Naval Reserve consists of officers in the grades of lieutenant (junior grade) through rear admiral (Designator 2205). The Secretary of the Navy determines the number of reserve dental officers necessary in each grade to meet mobilization requirements.

Applications for appointments in the Dental Corps of the Naval Reserve are submitted to the nearest Navy recruiting station in the form prescribed by the Chief of Naval Personnel. Naval Reserve Dental Corps officers on inactive duty may participate in a program in the manner as shown elsewhere in this booklet.

## APPROPRIATE DUTY

The purpose of appropriate duty is to permit the commandants to accomplish certain tasks and functions which are in support of the Naval Reserve and the Marine Corps Reserve. In addition, appropriate duty may permit commandants to accomplish tasks in support of the naval service generally, and to authorize special categories of training for individual Naval Reservists.

Commandants are authorized to issue appropriate duty orders to individuals of the Naval Reserve not on active duty who are qualified to perform the duties required of them, who are in an active status, and who are physically qualified for retention in the Naval Reserve. It is the responsibility of the commandant to determine that appropriate duty performed is of substantial benefit to the Navy generally, and to exercise close supervision over the performance of appropriate duty.

Appropriate duty is performed either with or without pay.

Appropriate duty *with pay* orders may be issued to 2105, 2205, and 2905 officers for the per-



formance of medical and dental examinations, medical administrative procedures, and instructional duties in support of the Selected Reserve and Marine Corps Reserve, and for participation with drilling units of the Selective Service Programs of other branches of the Armed Forces. This duty is performed at Naval Reserve Training Centers and Facilities, Naval Reserve Electronics Facilities, Marine Corps Reserve Training Centers, and in the case of Selective Service Programs of other Armed Forces, at the unit drilling location.

Medical Department officers serving under appropriate duty with pay orders must accept Type "A" Mobilization Orders requiring immediate reporting to a designated active duty assignment in the event of an attack upon the United States or full mobilization.

Commandants are authorized to issue appropriate duty *without pay* orders to designated categories of inactive Naval Reserve Medical Department officers for the following purposes in support of the Naval Service generally:

1. To 2105 and 2205 officers for duty as consultants at certain naval activities.
2. To 2105 and 2205 officers for the performance of medical and dental examinations and/or consultations for the Naval or Marine Corps Reserve. One retirement point is authorized for each *medical* examination or consultation which is completed, recorded, and the report of which is forwarded. One retirement point is authorized for each three (3) authorized *dental* examinations which are completed, recorded, and the reports of which are forwarded.
3. To Medical Department officers who are faculty members of approved schools of medicine, or hospital schools of nursing conducting a nursing education program of at least 3 years in length, to function as "Commandant's Representative" for the purpose of disseminating information to students on the Ensign 1915 Program and the Navy Nurse Corps Candidate Program.
4. To Medical Department officers for attendance at seminars or symposia.

## ACTIVE DUTY FOR TRAINING

Active duty for training is conducted at seminars or schools, in special courses, or on the job at any suitable naval activity, naval hospital, or cruising naval vessel. This type of training was

developed jointly by the Bureau of Naval Personnel and the Bureau of Medicine and Surgery and requires the inactive duty Reservist to report aboard a naval activity or vessel for the purpose of acquainting him with what the active Navy is doing. It affords the individual an opportunity to be brought up to date on the latest procedures, tactics, equipment, and military leadership. Thus, this training is considered to be the most valuable part of the Reserve training program.

Convening dates, utilization of quotas, and billets for active duty for training are within the cognizance of the respective naval district commandants or other order writing commands exercising quota control. Naval Reservists on inactive duty make application to the naval district commandant, via unit commanding officers, if appropriate. The training is to be given at the nearest activity which can provide it.

In general, active duty for training is for the purpose of increasing the individual's ability to perform effectively in an established mobilization billet, and all training must be directed to this end. Active duty for training orders can be justified only where the following conditions exist:

1. There is a mobilization requirement for the training.
2. The individual has need for the training by reason of his Reserve affiliation, grade, designator, age, and prospective mobilization billet.

Following is a list of active duty for training opportunities normally available each fiscal year to Naval Reserve Medical Department personnel:

### SCHOOL OR COURSE AND LOCATION

#### RECOGNITION AND TREATMENT OF DIVING CASUALTIES

U.S. Naval School Deep-Sea Divers, U.S. Naval Weapons Plant, Washington, D.C.

#### SEMINARS FOR COMMANDING OFFICERS OF HOSPITAL CORPS DIVISIONS AND MEDICAL COMPANIES, AND FOR COMMANDANT'S REPRESENTATIVES AT MEDICAL SCHOOLS (3 days)

Held at designated district headquarters or Bureau of Medicine and Surgery

### ELIGIBILITY REQUIREMENTS

Naval Reserve Medical  
Corps and Medical Service  
Corps male officer personnel only.

**ON-THE-JOB TRAINING IN FIELD  
MEDICINE**

Marine Corps Schools  
Quantico, Va.

Naval Reserve  
Medical Corps officers, male only.

**MILITARY NURSING SYMPOSIUM**

U.S. Naval Medical School  
National Naval Medical Center  
Bethesda, Md.

Naval Reserve  
Nurse Corps officers.

**MILITARY MEDICAL TRAINING**

U.S. Naval Medical School  
National Naval Medical Center  
Bethesda, Md.

Naval Reserve Medical  
Department Officer personnel.

**DISEASE VECTOR CONTROL**

U.S. Navy Disease Vector Control Center  
U.S. Naval Air Station  
Jacksonville, Fla.  
U.S. Navy Disease Vector Control Center  
U.S. Naval Air Station  
Alameda, Calif.

Naval Reserve Medical  
Department personnel.

**ON-THE-JOB TRAINING IN  
SUBMARINE MEDICINE**

U.S. Naval Medical Research Laboratory  
U.S. Naval Submarine Base  
New London, Conn.

Naval Reserve Medical Corps and Medical  
Service Corps officers. Male personnel only.  
Secret clearance is required.

**ON-THE-JOB TRAINING**

Any suitable medical facility

Naval Reserve Medical Department personnel,  
male and female, with previous active duty for  
training.

**MEDICAL DEPARTMENT ORIENTATION**

Any naval hospital

Naval Reserve Medical Department officers, male  
and female, with no previous active duty or ac-  
tive duty for training.

**TISSUE BANK TRAINING COURSE**

U.S. Naval Medical School  
National Naval Medical Center  
Bethesda, Md.

Naval Reserve Medical Corps officers.

**MEDICAL ASPECTS OF AMPHIBIOUS  
TRAINING**

U.S. Naval Amphibious Base  
Little Creek, Norfolk, Va.  
U.S. Naval Amphibious Base  
Coronado, San Diego 55, Calif.

Naval Reserve Medical Department male per-  
sonnel.

**HOSPITAL CORPS TRAINING**

Any suitable naval medical facility as may be  
determined by the cognizant commandant, pref-  
erably a naval hospital

Naval Reserve personnel in training for change  
in rating to Group X. Personnel must have com-  
pleted their initial recruit training in accordance  
with current instructions.

**ON BOARD MSTS SHIPS\***  
**NAVAL SCHOOL OF NAVAL JUSTICE\***

Newport, R.I.

**NATIONAL SECURITY SEMINARS\***

**RESEARCH RESERVE SEMINARS\***

**SHIP ACTIVATION RESERVE FLEET\***

**RESEARCH CLERKSHIP TRAINING FOR**

**ENSIGNS 1915 (up to and including 60 days)**

To begin earliest possible date each fiscal year  
at the following research activities:

Naval Medical Research Laboratory

New London, Conn.

Cardiopulmonary Function Laboratory

U.S. Naval Hospital

St. Albans, N.Y.

Air Crew Equipment Laboratory

Naval Air Materiel Center

Naval Base

Philadelphia, Pa.

Aviation Medical Acceleration Laboratory

Naval Air Development Center

Johnsville, Pa.

U.S. Navy Experimental Diving Unit

Naval Weapons Plant

Washington 25, D.C.

U.S. Naval Medical Research Institute

National Naval Medical Center

Bethesda, Md.

U.S. Naval Medical Field Research

Laboratory

Camp Lejeune, N.C.

U.S. Naval School of Aviation Medicine

Naval Air Station

Pensacola, Fla.

Naval Medical Research Unit No. 4

Naval Training Center

Great Lakes, Ill.

Naval Medical Research Unit No. 1

Life Sciences Building

University of California

Berkeley 4, Calif.

Clinical Investigation Center

U.S. Naval Hospital

Oakland, Calif.

U.S. Naval Radiological Defense Laboratory

San Francisco 24, Calif.

Tissue Bank

Naval Medical School

National Naval Medical Center

Bethesda, Md.

Ensigns 1915 USNR who have successfully completed first year of medical school.

NOTE: Officers in attendance are required to wear uniforms. Security clearance is not required except Nav-MedResUnit No. 1, Berkeley, Calif., and NavRadDefLab, San Francisco, Calif., where Secret clearance is required.

\*These courses are not sponsored by the Bureau of Medicine and Surgery; however, Medical Department personnel are eligible to participate.

## CLINICAL CLERKSHIP TRAINING FOR ENSIGNS 1915 (up to and including 60 days)

To begin earliest possible date each fiscal year at the following naval teaching hospitals:

Bethesda, Md.  
Bremerton, Wash.  
Charleston, S.C.  
Chelsea, Mass.  
Great Lakes, Ill.  
Jacksonville, Fla.  
Newport, R.I.  
Oakland, Calif.  
Oceanside, Calif.  
Pensacola, Fla.  
Philadelphia, Pa.  
Portsmouth, Va.  
St. Albans, N.Y.  
San Diego, Calif.

Ensigns 1915 USNR who have completed at least their second year of medical school.

NOTE: Officers in attendance are required to wear uniforms. Security clearance is not required.

## NROTC TRAINING CRUISE FOR ENSIGNS 1915 (approximately 60 days in duration)

Ensigns 1915 USNR who have completed their second year of medical school, with priority being given those who have completed third year of medical school and who possess the necessary uniforms.

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## CORRESPONDENCE COURSES

Correspondence courses of two categories are available to Reserve Medical Department personnel: (1) The basic or general courses administered by the Bureau of Naval Personnel, and (2) the professional courses administered by the Bureau of Medicine and Surgery. These courses are designed for individual home study and afford the busy professional man or woman an opportunity to earn both retirement and promotion point credits which they otherwise might be prevented from earning because of their civilian commitments. In addition to providing essential training in military subjects, correspondence course training offers certain distinct advantages, including the following:

- a. The enrollee is encouraged to form his own judgment.
- b. He can work alone and independently.
- c. He can control his own time and speed of work.
- d. He assumes responsibility for his own progress. Enrollment in correspondence courses can be accomplished by mail. Proper application

forms are available at naval activities. Texts and material needed to complete the assignments are furnished the individual, and in most cases necessary references are also provided.

## ENSIGN 1925 PROGRAM

In 1949 the Senior Dental Student Program was inaugurated. The participants received full pay and allowances of an ensign during their senior year; were commissioned as lieutenants (junior grade), U.S. Navy, upon graduation; and served 3 years following graduation. In 1959 this program was discontinued.

In 1960 the Dental Ensign 1925 Orientation Program was authorized. One of the main objectives of this program was to indoctrinate dental ensigns before graduation to qualify them for permanent-duty orders when they report for active duty.

Ensigns who have completed their sophomore or junior year and have not had the course before are eligible to attend.

The program is divided into three 28-day sessions, and consists of dental administration procedure and naval officer indoctrination. Classes



are held at the U.S. Naval Academy, Annapolis, Md., and are scheduled for the summer vacation periods to accommodate the schedules of the dental schools having dental ensigns.

Approximately 100 percent of Ensign 1925's are brought to active duty within 2 months after graduation from dental school as lieutenants with a 2-year obligation. The indoctrinated ensigns are qualified for permanent-duty orders to any duty where lieutenant billets are to be filled and many can be placed in a productive capacity upon reporting.

This program has proven to be very effective in producing well-oriented dental officers and in creating an additional interest among dental students for the Ensign 1925 Program.

### ENSIGN 1915 PROGRAM

After passage of the Selective Service Act of 1940, many medical students who were obligated for military service by the act indicated their desire to affiliate with the Naval Reserve in order to assure that their period of active duty would be with the Navy's Medical Department. To make this possible and to provide deferment from active duty until graduation, the Ensign, Probationary (Medical) Program was established before the onset of World War II. The first appointments late in 1941 were limited to third and fourth year medical students attending class "A" medical schools. Within a few months, however, the program was expanded to include first and second year medical students, and it has since come to be known as the "Ensign, 1915 Program."

The number "1915" is a designator used to identify officers within the Department of the Navy by a code system. The first three digits—191—indicate that the officer is under instruction in a medical school; the last digit—5—indicates an officer of the Naval Reserve. Thus, 1915 refers to an officer of the Navy Reserve with the rank of ensign under instruction in an accredited medical school.

The primary objectives of this program are to provide: (1) an opportunity for qualified medical students to affiliate with the Naval Reserve as commissioned officers while still in medical school; (2) assurance that these officers will be able to complete their medical studies and internship prior to fulfilling their obligation for active military duty; (3) assurance that when they do enter service it will be with the Navy's Medical Department;

and (4) a primary source of qualified candidates for the Naval Intern Program and for the Medical Corps of the Navy and Naval Reserve.

A medical student who can meet the professional, educational, and physical requirements pertaining to this program is eligible and may be appointed to commissioned status as Ensign, 1915 U.S. Naval Reserve, for inactive duty while completing his medical studies. The Ensign, 1915, officer is a Naval Reserve officer on inactive duty in the fullest sense and is entitled to all the privileges commensurate with his rank and classification.

He is legally deferred from military service in accordance with the provisions of the Universal Military Training and Service Act, as amended, so long as he remains in good standing in medical school, or until graduation and completion of no more than 12 months internship.

His period of active duty required by Selective Service legislation, is performed as a medical officer with the U.S. Navy, which is presumed to be the service of his choice.

He may perform his period of obligated active duty, if any, immediately upon completion of internship instead of being subject to induction by the Selective Service System at a later date. If he does not participate in the Senior Medical Student Program he is eligible for consideration for deferment to pursue postgraduate training immediately upon completion of internship, under the terms of a program administered by the Department of Defense.

He may associate with nonpay drilling units of the Naval Reserve while on inactive duty. In this manner, he gains valuable and worthwhile orientation and indoctrination into the Naval service before entering on extended active duty. Moreover, he accrues promotion and retirement point credits.

In the event a naval internship is desired, he is given preferential consideration by the Department of the Navy in the selection of applicants for the Naval Intern Program.

He has the opportunity to apply for a Naval Research Clerkship or a Naval Clinical Clerkship. The locations of these clerkships are indicated in the section of this booklet concerning active duty for training.

Upon acceptance for enrollment in the junior year of medical school, he is eligible to apply for the Navy's Senior Medical Student Program.

## SENIOR MEDICAL STUDENT PROGRAM

This program is one in which selected medical students are placed on active duty under instruction as Ensigns, 1915, with full pay and allowances during their fourth year of medical school. A selected applicant must agree to accept a commission in the Medical Corps of the Navy and to serve on active duty as a medical officer for a period of 3 years following internship.

The interested student should apply as soon as possible after satisfactory completion of the second year of medical school. Application should be made to the nearest Navy Recruiting Station, the locations of which are indicated elsewhere in this booklet.

Timing is very important. An average of four

months is required to completely process each application. 1 February each year is the absolute deadline that completed applications must be forwarded to the Bureau of Naval Personnel, Navy Department, Washington, D.C. This is necessary so that sufficient time is given to the board in the Bureau of Medicine and Surgery to pass on the professional qualifications, and the board in the Bureau of Naval Personnel to pass on the overall qualifications of each applicant. Those selected are required to meet the moral, mental, and physical standards of Navy acceptance. All applicants will be notified by individual letter of their acceptance or rejection not later than the first week in May.

Naval internships, discussed elsewhere in this booklet, are not mandatory for an Ensign 1915 USNR.

## QUESTIONS AND ANSWERS CONCERNING ENSIGN 1915 PROGRAM

1. *Since participation in the Senior Medical Student Program is considered active duty, will it count toward retirement?*

Yes; under either the appropriate Regular or Reserve retirement law.

2. *If the 4 years in medical school count for longevity when on active duty, will a Navy intern be in an over 4-year pay grade?*

Yes; and in addition, the years in medical school will count as years of satisfactory Federal service, provided the student accrues at least 50 retirement points per year. He may do so by active participation in the vacation training programs; i.e., research and clinical clerkship training and midshipmen cruises.

3. *What are the reasons for rejecting applications from Ensign 1915 officers for the Senior Medical Student Program?*

All applications are carefully reviewed by boards both in the Bureau of Naval Personnel and the Bureau of Medicine and Surgery, for the purpose of determining the best-qualified students. Since candidates for the Senior Medical Student Program must qualify for a commission in the Navy, qualifications are carefully considered. Some applicants are rejected because of physical disabilities; others are rejected because of low academic records and reports which indicate that the individual is not otherwise best suited for military service.

4. *What are the chances of being assigned sea duty during the 2 or 3 years' obligated service?*

At the present time, one out of every six individuals serving their 2 or 3 years' obligated service is assigned aboard ship. Tours of sea duty range from 12 to 24 months.

5. *On completion of internship, may a request for a desired duty station be made?*

Yes; an opportunity is afforded to indicate four types of duty desired. These preferences will be considered in the ultimate assignment of duty station.

6. *While participating in the Senior Medical Student Program, may a student work as an extern?*

Yes; however, if such an arrangement is a requirement of the school where the student is enrolled any salary or remuneration accepted above and beyond the active-duty pay of the student must be deposited with the Treasurer of the United States.

7. *May Ensign 1915 officers become members of Naval Reserve paid drilling units?*

No. Membership in a paid drilling unit requires that the individual be available for immediate active duty in the event of attack on the United States or full mobilization. Since medical students are not eligible for this type of active military service until after completion of medical studies and internship, they are ineligible to affiliate with paid drilling units of the Naval Reserve.

PROGRAM	DURATION	ELIGIBILITY TO APPLY	WHEN TO APPLY	MAKE APPLICATION TO
Ensign 1915, USNR	From appointment to graduation from medical school	Medical students accepted for enrollment or in attendance prior to commencement of the senior year at approved American and certain Canadian medical schools	When accepted for enrollment in an approved medical school and before commencing final year	Nearest Navy recruiting station or naval hospital
Research Clerkship Training (at Naval research activities)	Up to 60 days' active duty for training with pay, performed during vacation	Ensign 1915 officers who will have completed at least their first year of medical school	Between February and May each year when solicited by the commandant	Naval district commandant where applicant's records are maintained
Clinical Clerkship Training (at Naval Teaching Hospitals)	Same as for Research	Ensign 1915 officers who will have completed at least their second year of medical school	Same as above	Same as above
Afloat Training (on board cruising naval vessels)	Duration of cruise (30-60 days)	Ensign 1915 officers who have completed at least their second year of medical school with priority being given to those who will have completed their third year	Same as above	Same as above

Participation in vacation training sponsored by the Navy will provide monetary gains equal to those drilling units and is emphasized as approved training.

8. *If a medical student accepts a commission of Ensign 1915 USNR, will he receive the 15 gratuitous retirement points for each year of participation?*

Yes; provided he earns a minimum of 35 retirement points during each year that he is an Ensign 1915 USNR. Ensigns 1915 may earn retirement points by participation in the vacation training programs or by completion of correspondence courses.

9. *Will the time spent in medical school with the rank of Ensign 1915 USNR count toward fulfilling a man's obligated military service?*

No; inasmuch as Ensigns 1915 serve in a deferred status according to law under a probationary appointment contingent upon later accepting a superseding appointment in the Medical Corps. These individuals do not commence to liquidate their obligation for inactive service until the appointment in the Medical Corps has been accepted upon graduation from medical school.

10. *Will a veteran with previous active service who has no military obligation be required to serve 3 years' active duty when he becomes a physician if he participates in the Senior Medical Student Program?*

Yes; participation in the Senior Medical Student Program imposes a 1-year obligation in return for the financial support. This is in addition to any other obligation imposed by law or contract. Normal contracts for active duty for both veterans and nonveterans are for 2 years; therefore, the 3 years of active service must be served regardless of previous service. The Senior Medical Student Program was developed and is authorized as a career incentive program to strengthen the Medical Corps of the Regular Navy.

11. *If I become an Ensign 1915 USNR officer, am I furnished uniforms?*

No; the wearing of the uniform is not authorized while attending classes in medical schools; however, a reservist must be in proper uniform when reporting to active duty for training for a research or clinical clerkship or for a cruise aboard a naval ship. The Navy reimburses the Reserve

officer in the amount of \$200 to defray the initial cost of uniforms upon completion of training duty. The Reserve officer receives a second uniform allowance of \$100 upon reporting for extended active duty. The Bureau of Naval Personnel Manual should be consulted to determine individual eligibility for uniform allowance entitlement.

## PAY AND ALLOWANCES

Members attached to Naval Reserve *pay units* (Selected Reserve) receive 1 day's basic pay of their grade or rate for each drill attended.

Reservists serving under appropriate duty with pay orders receive 1 day's basic pay for each period of appropriate duty performed.

Eligible Reservists receive full pay and allowances during periods of active duty for training. (Clerkships available to Ensigns 1915 USNR are considered to be active duty for training.)

## SPECIAL PAY FOR MEDICAL AND DENTAL OFFICERS

Public Law 497, 84th Congress, effective May 1956, provided special pay for medical and dental officers of the Navy and Naval Reserve serving on active duty. The scale is as follows:

1. \$100 per month for those officers who have not completed 2 years of active service as a medical officer in the Navy, Army, Air Force, or Public Health Service.

2. \$150 per month for those officers who have completed 2 years of active service as a medical officer in the Navy, Army, Air Force, or Public Health Service.

3. \$250 per month for those officers who have completed 6 years of active service as a medical officer in the Navy, Army, Air Force, or Public Health Service.

4. \$350 per month for those officers who have completed 10 years of active service as a medical officer in the Navy, Army, Air Force, or Public Health Service.

Naval Reserve medical and dental officers are eligible to receive this special pay while performing active duty for training. Details concerning eligibility are contained in the Navy Comptroller Manual.

Naval interns are *not* eligible to receive this special pay.



Here is the monthly basic pay of officers and enlisted members of the Naval Service:

TABLE I. MONTHLY BASIC PAY OF COMMISSIONED OFFICERS

Rank	Pay Grade	Under 2	Over 2	Over 3	Over 4	Over 6	Over 8	Over 10	Over 12	Over 14	Over 16	Over 18	Over 20	Over 22	Over 26
ADMIRAL.....	0-10	1302.00	1347.90	1347.90	1347.90	1347.90	1399.20	1399.20	1506.90	1506.90	1614.30	1614.30	1722.00	1722.00	1829.70
VICE ADMIRAL.....	0-9	1153.80	1183.80	1209.60	1209.60	1209.60	1240.20	1240.20	1291.50	1291.50	1399.20	1399.20	1506.90	1506.90	1614.30
REAR ADMIRAL (UPPER HALF).....	0-8	1045.20	1076.40	1101.90	1101.90	1101.90	1183.80	1183.80	1240.20	1240.20	1291.50	1347.90	1399.20	1455.60	1455.60
REAR ADMIRAL (LOWER HALF).....	0-7	868.20	927.60	927.60	927.60	968.70	968.70	1025.10	1025.10	1076.40	1183.80	1266.00	1266.00	1266.00	1266.00
CAPTAIN.....	0-6	643.20	707.40	753.30	753.30	753.30	753.30	753.30	753.30	779.10	902.10	948.00	968.70	1025.10	1112.10
COMMANDER.....	0-5	514.50	604.80	645.90	645.90	645.90	645.90	666.30	702.00	748.20	804.60	850.80	876.30	907.20	907.20
LIEUTENANT COMMANDER.....	0-4	434.10	528.00	563.70	563.70	573.90	599.70	640.50	676.50	707.40	738.00	758.40	758.40	758.40	758.40
LIEUTENANT.....	0-3	353.70	450.90	481.80	533.10	558.60	579.00	609.90	640.50	656.10	656.10	656.10	656.10	656.10	656.10
LIEUTENANT (jg).....	0-2	281.40	384.30	461.40	476.70	486.90	486.90	486.90	486.90	486.90	486.90	486.90	486.90	486.90	486.90
ENSIGN.....	0-1	241.20	307.50	384.30	384.30	384.30	384.30	384.30	384.30	384.30	384.30	384.30	384.30	384.30	384.30

TABLE II. COMMISSIONED OFFICERS WITH OVER 4 YEARS ACTIVE ENLISTED SERVICE

LIEUTENANT.....	0-3E				533.10	558.60	579.00	609.90	640.50	666.30	666.30	666.30	666.30	666.30	666.30
LIEUTENANT (jg).....	0-2E				476.70	486.90	502.20	528.00	548.40	563.70	563.70	563.70	563.70	563.70	563.70
ENSIGN.....	0-1E				384.30	410.10	425.40	440.70	456.00	476.70	476.70	476.70	476.70	476.70	476.70

TABLE III. MONTHLY BASIC PAY OF COMMISSIONED WARRANT OFFICERS AND WARRANT OFFICERS

COMMISSIONED WARRANT OFFICER.....	W-4	361.20	440.70	440.70	450.90	471.60	492.00	512.40	548.40	573.90	594.60	609.90	630.30	651.00	702.00
COMMISSIONED WARRANT OFFICER.....	W-3	328.50	405.00	405.00	410.10	415.20	445.80	471.60	486.90	502.20	517.50	533.10	553.50	573.90	594.60
COMMISSIONED WARRANT OFFICER.....	W-2	287.40	353.70	353.70	363.90	384.30	405.00	420.30	435.60	450.90	466.50	481.80	497.10	517.50	517.50
WARRANT OFFICER.....	W-1	238.20	312.60	312.60	338.40	353.70	369.00	384.30	399.90	415.20	430.50	445.80	461.40	461.40	461.40

TABLE IV. MONTHLY BASIC PAY OF ENLISTED MEMBERS

MASTER CHIEF PETTY OFFICER.....	E-9							445.80	456.00	466.50	476.70	486.90	497.10	522.90	573.90
SENIOR CHIEF PETTY OFFICER.....	E-8						374.10	384.30	394.50	405.00	415.20	425.40	435.60	461.40	512.40
CHIEF PETTY OFFICER.....	E-7	206.39	282.00	292.20	302.40	312.60	322.80	333.00	343.50	358.80	369.00	379.20	384.30	410.10	461.40
PETTY OFFICER 1st CLASS.....	E-6	175.81	246.00	256.20	266.40	276.90	287.10	297.30	312.60	322.80	333.00	338.40	338.40	338.40	338.40
PETTY OFFICER 2d CLASS.....	E-5	145.24	215.40	225.60	235.80	251.10	261.30	271.50	282.00	287.10	287.10	287.10	287.10	287.10	287.10
PETTY OFFICER 3d CLASS.....	E-4	122.30	184.50	194.70	210.00	220.50	220.50	220.50	220.50	220.50	220.50	220.50	220.50	220.50	220.50
HOSPITAL/DENTAL MAN.....	E-3	99.37	148.50	159.00	169.20	169.20	169.20	169.20	169.20	169.20	169.20	169.20	169.20	169.20	169.20
HOSPITAL/DENTAL APPRENTICE.....	E-2	85.80	123.00	123.00	123.00	123.00	123.00	123.00	123.00	123.00	123.00	123.00	123.00	123.00	123.00
HOSPITAL/DENTAL RECRUIT (more than 4 months).....	E-1	83.20	112.80	112.80	112.80	112.80	112.80	112.80	112.80	112.80	112.80	112.80	112.80	112.80	112.80
HOSPITAL/DENTAL RECRUIT (less than 4 months).....	E-1	78.00													

## CONSTRUCTIVE SERVICE CREDIT FOR MEDICAL AND DENTAL OFFICERS

Effective 1 May 1956, the method of computing cumulative years to be counted in determining service creditable for basic pay purposes for Medical Corps and Dental Corps officers was liberalized. Each medical and dental officer on active duty in the Regular Navy or Naval Reserve is now credited with 4 years, and each officer who has completed 1 year of medical internship or the equivalent thereof receives credit for 1 additional year. However, service authorized to be credited shall be reduced by the amount of service otherwise credited for any period while the officer was attending medical school or was serving an internship.

## PROMOTION OF INACTIVE DUTY OFFICERS

In the period of January-June each year, selection boards, composed of experienced senior officers, are appointed by the Secretary of the Navy to consider actively participating inactive Reservists for promotion. Selection for promotion is a highly competitive process, in which all eligible personnel are evaluated on the basis of their past demonstrated performance, as reported by their reporting seniors, and are further evaluated on their relative qualifications to serve in the next higher grade. The deliberations of selection boards are held in strict confidence, and only the final report listing the recommended selectees is published.

The promotion cycle may be divided into four major categories; namely, eligibility, selection, qualification, and appointment.

### ELIGIBILITY

The promotion zones are established after a comprehensive study of the grade structure in the naval service has been completed. The purpose of the study is to assure equitable promotion opportunities among succeeding groups of Reserve officers within the authorized grade limitations as established by law. The number of vacancies which are determined by the Secretary of the Navy to exist is predicated on a per centum of the total number of officers being considered for the first

time (New Field). Thus, officers who have been considered one or more times (Old Field) vie with those being considered for the first time for these vacancies.

Official announcement of the promotion zones and the convening dates of the selection boards is made by yearly Bureau of Naval Personnel notices and also by publications such as "Naval Reserve Association News," "The Naval Reservist," "All Hands," and "Navy Times." If an officer's date of rank and register number place him within the promotion zone, he must meet other requirements to establish his eligibility for consideration by the appropriate selection board. These additional requirements are:

1. He must be in an active status; i.e., USNR-R or USNR-S1.

2. Prior to the beginning of the fiscal year in which the individual concerned will be in the established promotion zone or otherwise eligible for consideration for promotion, he shall earn an average of 12 *promotion* points for each year in grade computed from 1 July following date of rank, or from date of rank if it be 1 July, to 30 June of the fiscal year preceding the fiscal year in which he is in the established promotion zone. In no case shall more than 72 promotion points be required. (NOTE: This was effective 1 July 1961.) Example: A lieutenant with a date of rank of 1 March 1956, in order to be considered for selection for promotion by a selection board convening in April 1962, must have earned 60 promotion points.

Eligibility for consideration is established and determined as of the end of the fiscal year preceding the year in which the officer is considered for promotion. The records of those officers who have met requirements for consideration will be submitted to the proper selection board.

### SELECTION

The selection process is performed by a group of officers who are ordered to the Bureau of Naval Personnel specifically for duty as members of a selection board and who are directed by the Secretary of the Navy to perform their duties in accordance with regulations for promotion of Naval Reserve officers as set forth in Title 10, United States Code, as follows:

From among those officers who are eligible for consideration for promotion, each selection board shall recommend for promotion, those officers whom it considers best fitted, or qualified for promotion.

Title 10 specifies that at least 50 percent of the selection board members shall, if practicable, be Reserve officers and that all members shall be senior in permanent grade and temporary rank to any officer being considered by that board. No officer shall serve on two consecutive selection boards when the second of such boards considers any of the officers who were considered but not recommended for promotion to the same grade by the first selection board upon which he served. Title 10 further requires that all boards will be composed of at least five members, each of whom swears or affirms he will, without prejudice or partiality and having in view both the special fitness of officers and the efficiency of the Navy, perform the duties imposed on him as a member of such board. In arriving at a decision relative to each individual eligible officer's promotional potential, the selection board considers the information contained in the fitness report jacket, the selection board jacket, any record of legal proceedings in cases where eligible officers are concerned, and health records of individual eligible officers. Since the proceedings of the various selection boards are conducted in strict confidence, no information is available as to why certain officers are recommended for promotion and others fail to be recommended. In general, failure of selection may be attributed to the fact that, within the numerical limitations as established by the Secretary of the Navy, an officer's record did not compare favorably enough with those of his contemporaries to permit his selection. Missing records do not automatically disqualify candidates from consideration; for if an officer has established his eligibility, his record will be submitted to the appropriate selection board for consideration, regardless of its condition. The selection board is required to certify in its record of proceedings that it has carefully considered the case of every officer whose name was furnished the board by the Chief of Naval Personnel for the Secretary of the Navy.

Title 10 requires that not less than a majority of the total membership of any selection board must concur in each recommendation made by the board.

By direction of the Secretary of the Navy, the selection board, during its deliberations, acts as an examining board, passing on the professional qualifications of all recommended candidates and on their ability to meet further requirements.

Before it is published, a selection board report must be routed to cognizant offices in the Bureau of Naval Personnel, the Judge Advocate General, the Secretary of the Navy, the Secretary of Defense, and finally to the President for his signature of approval.

## QUALIFICATION

After a report of the selection board is approved by the President of the United States, individual letters of notification are prepared for each selectee. These letters are sent to the selectee via the Reserve Officers Recording Activity which, by endorsement, shows the promotion point status of the selectee, and via the commandant or command holding the selectee's records, which also adds an endorsement. Prior to 1 July 1961, a selectee had two complete fiscal years following the year in which selected to qualify professionally and physically. Effective 1 July 1961 the regulations were changed to provide for only *one* fiscal year in which to qualify.

To establish professional fitness for promotion, a number of promotion points must be earned in grade, computed as follows:

1. For promotion to lieutenant (junior grade), 12 promotion points for each 6 months in the grade of ensign, computed from date of rank to date of rank to be assigned as lieutenant (junior grade).
2. For promotion to lieutenant, lieutenant commander, or commander, 24 promotion points for each year in grade, computed from the 1st day of July following date of rank (or from date of rank, if it be 1 July) to 30 June of the fiscal year *in which* selected for promotion, but not to exceed a total of 144 promotion points.
3. For promotion to captain, officers will be given the option of qualifying by earning either an average of 24 points for each year in grade of commander, up to a maximum of 144 points, or by competing, in the grade of commander, one of the six courses of study outlined in BUPERS Instruction 1416.4 (series).

Promotion points *earned in present grade* by the following methods are creditable for establishing fitness for promotion to the next higher grade:

### EXTENDED ACTIVE DUTY

1. Promotion points are creditable for extended active duty as follows:

a. For each month of extended active duty (not including training duty) subsequent to 30 June 1955: Two promotion points.

b. For each month of extended active duty (not including training duty) between 1 July 1950 and 1 July 1955: One promotion point.

#### COMPLETION OF CORRESPONDENCE COURSES AND/OR NAVAL RESERVE OFFICER SCHOOLS

a. Promotion points earned by satisfactory completion of approved Navy correspondence courses and NROS courses commenced prior to 1 July 1955 are creditable.

b. Promotion points earned by satisfactory completion of correspondence courses or NROS courses commenced on or after 1 July 1955 are creditable *only* if selected from the courses approved for rank and designator code shown in BUPERS Instruction 1416.4 (series).

#### ACTIVE DUTY FOR TRAINING, APPROPRIATE DUTY, AND DRILL PARTICIPATION

1. *Twelve promotion points* are creditable for each fiscal year since 30 June 1949 in which participation in present grade in the Naval Reserve was at the following minimum levels:

a. *Fiscal Year 1961 and Subsequently (Effective 1 July 1960)*. Points are creditable for meeting the participation requirement of either subparagraph (1) or (2) below:

(1) Completion of 14 days' active duty or active duty for training; *or*

(2) Attendance at 75 percent of the drills authorized for the unit or units in which enrolled; *or*, completion of 75 percent of the periods of appropriate duty authorized, but in no case less than 18 drills or periods of appropriate duty as applicable.

(a) Drills attended as an instructor in a Naval Reserve Officer School are included. Drills attended as a student in a Naval Reserve Officer School are not included.

(b) The number of drills authorized or periods of appropriate duty authorized are those numbers approved by the cognizant commandant or oversea commander and within the limits set forth in the tables of organization of the Naval Reserve.

(c) The number of drills attended is the total number reported on Quarterly Naval Reserve Drill Reports (NavPers 1259).

(d) The number of periods of appropriate duty completed is the total number reported to, and approved by, the commandant.

(e) In the case of a drilling unit, an officer's percentage of attendance is determined by dividing the total number of drills attended by the total number of drills authorized. If an officer is enrolled in more than one unit during a year, the divisor in this computation is the number of drills authorized for the unit having the least number of drills.

(f) In the case of appropriate duty an officer's percentage of attendance is determined by dividing the total number of appropriate duty periods completed by the total number authorized.

(g) In the case of dual status in which an officer participates both in a drilling unit and under appropriate duty orders, the drills attended and drills authorized in the drilling unit govern, and computation is in accordance with subparagraph 1a(2) (e) above.

b. *Fiscal Years 1958-1960 (1 July 1957 through 30 June 1960)*. Minimum participation requirements were the same as in subparagraph 1a above, except for the following:

(1) Appropriate duty is credited in the same manner as active duty or active duty for training.

(2) The minimum number of periods is 14 instead of 18.

c. *Fiscal Years 1956 and 1957 (1 July 1955 through 30 June 1957)*. Minimum participation requirements were the same as in subparagraph 1a above, except for the following:

(1) The minimum number of drills was 12 instead of 18.

(2) Drills attended as either an instructor or a student in a Naval Reserve Officer School course were included in drill attendance.

(3) The provisions of subparagraph 1b (1) apply.

d. *Fiscal Years 1950 through 1955 (1 July 1949 through 30 June 1955)*. Completion of the requirements for a year of satisfactory Federal service through accrual of 50 retirement points, provided that at least 12 of the retirement points were earned by active duty, active duty for training, drills, or appropriate duty. For officers having anniversary years other than the fiscal year,



the 12 points in fiscal year 1955 were creditable for the portion of a year between anniversary date and 30 June 1955, provided that in that period at least 50 retirement points were accrued, at least 12 of which were earned by active duty, active duty for training, drills, or appropriate duty.

#### **CERTAIN COLLEGE COURSES AND RESIDENCY TRAINING**

Medical and dental officers, completing *in present grade* since 1 July 1950, a course of residency training approved by the Chief of the Bureau of Medicine and Surgery may, upon application, be credited with one promotion point for each semester hour or equivalent thereof satisfactorily completed.

b. Requests for promotion credit by doctors or dentists who have completed residency training will be made by the individual officer to the Officer-in-Charge, Reserve Officer Recording Activity, *forwarded via* the Chief, Bureau of Medicine and Surgery. The request must be accompanied by a certification from the institution in which training was taken as to the type of residency training and the inclusive periods covered. The Chief, Bureau of Medicine and Surgery, will evaluate the training and, by endorsement, certify the number of promotion points (not to exceed 12) assigned for each fiscal year. *Postgraduate residency training contemplates training which is normally of semester length and which leads to eligibility for certification by an American specialty board.*

*Failure to qualify professionally for promotion.* An officer on inactive duty who fails to earn the prescribed number of promotion points prior to the end of the fiscal year following the fiscal year in which such officer was recommended for promotion shall not be considered professionally qualified for promotion after that date. The name of such an officer will be presented to an examining board in the Bureau of Naval Personnel for re-examination of his professional qualifications. If again found not to be professionally qualified for promotion, the officer shall be held for all purposes to have twice failed of selection for promotion. If found to be professionally qualified for promotion, subject to the earning of the prescribed number of promotion points, the officer shall be given an additional year to complete his professional qualifications and shall be required to earn an addi-

tional 24 promotion points to reflect the additional time in grade (not to exceed 144).

#### **APPOINTMENT**

When an officer has fulfilled the professional requirements and has been found physically qualified, he must address a letter to the Chief of Naval Personnel via the command that maintains his record, requesting that an appointment to the next higher grade be issued him. It is necessary that he state the dates on which he qualified professionally, and physically, in the official letter of request. During the period when the selectee is qualifying, the Bureau of Naval Personnel is constantly checking to ascertain if a vacancy has been established for the selectee's running mate. If a vacancy has occurred for the running mate of the selectee, the selectee's running mate has "made his number," and then the selectee may be appointed, if qualified, to the next higher grade, and he will receive the same date of rank. In no case will a selectee be appointed to the next higher grade until a vacancy has been established for his running mate. In some cases, because of this requirement, it is necessary for a fully qualified selectee to wait several months after he has originated his request before he is issued an appointment to the next higher grade. All appointments issued are for temporary promotion, and a permanent commission is issued only when his running mate is eligible to receive a permanent commission.

The temporary appointment is mailed to the qualified selectee via the command that maintains his record, where it is endorsed to the officer concerned. It is only after the selectee has executed the acceptance that he is eligible to assume the title of the next higher grade.

#### **IN SUMMATION**

The entire selection process is very complicated, and the Navy spends many thousands of dollars each year to make certain that all eligible Reservists are treated in a fair and impartial manner. Many counterchecks are employed to assure that the records of all eligible candidates are considered by the designated board. Promotions above the grade of lieutenant (junior grade) can be made only as a result of a selection board recommendation.

For additional information concerning selection, the following BUPERS Instructions are recommended:

- 1412.1D Promotion of Naval Reserve officers to grades above lieutenant (junior grade) pursuant to chapter 549 of Title 10, U.S. Code.
- 1412.10A Promotion of Naval Reserve ensigns pursuant to the Reserve Officer Personnel Act of 1954.
- 1416.4C Professional fitness for promotion of Naval Reserve officers not on active duty.

## PHYSICAL EXAMINATION REQUIREMENTS

Except when expressly waived by the Chief of Naval Personnel, Naval Reservists will undergo a complete physical examination on the following occasions:

1. Prior to appointment, enlistment, reenlistment, or extension of enlistment (except in cases of extension of enlistment completed by mail).
2. Prior to entry upon active duty, or if waived, at earliest opportunity after reporting to permanent duty station; annually while on active duty (officers only), and prior to release therefrom.
3. Prior to active duty for training of more than 30 days' duration, and prior to release therefrom.
4. A satisfactory flight physical examination at least annually for Reservists not on active duty who are engaged in inactive-duty training involving actual control of aircraft in flight.
5. At least quadrennially while not on active duty (Ready Reservists only).
6. Prior to promotion.
7. Prior to transfer from the Inactive Status List, if transfer thereto was the result of physical disability.
8. Whenever special examination may be directed by competent authority.
9. Prior to 14 days' training duty in those cases where the applicant is in receipt of disability allowance or pension from the U.S. Government.

NOTE: Provided the officer has satisfactorily completed his quadrennial physical examination, a separate examination incident to assignment to a unit of the Selected Reserve or transfer to higher reserve status is no longer

required, *except* for assignment to duty involving flying. However, all officers must execute a certificate of physical condition and forward it to the Chief, Bureau of Medicine and Surgery, in such instances.

## LIMITED PHYSICAL EXAMINATION AND CERTIFICATE OF PHYSICAL CONDITION

Where physical fitness has been determined by one of the examinations (1-9) above and the Reservist is not in receipt of a pension or physical disability allowance, the extent of the physical examination prior to entering on 14 days' active duty for training should be sufficient to determine that the Reservist is physically qualified to perform duties assigned and is free from infectious or contagious disease. Prior to detachment from 14 days' active duty for training, the physical examination shall be sufficient to determine whether the Reservist's health has been adversely affected by the performance of the duty. This physical examination shall be recorded in the health record by simple entry.

Each member of the Naval Reserve, with the exception of retired personnel and personnel on active duty, will be required to submit an annual certificate of his physical condition.

## QUADRENNIAL PHYSICAL EXAMINATION

When not on active duty, all members of the Naval Reserve, except members of the Standby and Retired Reserve, shall be examined physically at least once during each 4-year period based on standards prescribed by the Manual of the Medical Department. Examinations are normally to be conducted by medical officers of the Regular Navy or Naval Reserve, utilizing to the maximum degree Naval Reserve medical officers not on active duty. Such 4-year period will be considered as commencing on the day following the date upon which a physical examination was last reported on Standard Form 88.

Officers of the Naval Reserve who do not report for quadrennial flight, or special examination when required and authorized shall not be permitted to participate in any phase of the Naval Reserve Training Program, including correspondence courses.

The limited physical examination incident to active duty for training is not of sufficient scope to suffice as a quadrennial examination.

## RETIREMENT FROM THE NAVAL RESERVE

Naval Reservists are authorized by law to retire with pay, upon request, at the age of 60, after completing at least 20 years of satisfactory Federal service. The last 8 years of qualifying service must have been served as a member of a Reserve component (e.g., Naval Reserve, Army Reserve, etc.); however, this 8 years does not have to be continuous service.

Service performed in any component of the Armed Forces, except as noted below, is creditable for Reserve retirement with pay:

1. Inactive and/or nonfederally recognized status of the National Guard or Air National Guard.

2. Inactive Reserve Section of the Officers' Reserve Corps.

3. Inactive Officers Section of the Air Force Reserve.

4. Honorary Retired List subsequent to 1 July 1949, or Retired Reserve, except while serving on active duty.

5. Service in the Public Health Service or temporary Coast Guard.

6. Naval Militia service is creditable only between 16 February 1914 and 1 July 1918. National Guard service is creditable after 21 January 1903.

7. Appointed aviation cadet service between 1935 and 1942 is not creditable for eligibility for retirement purposes but active duty is creditable in determining rate of basic pay.

8. Service as midshipman or cadet under appointments made on or prior to 4 March 1913 is creditable for retired pay purposes but not creditable in establishing eligibility for retirement.

9. Time on the Inactive Status List is not creditable for eligibility for retirement purposes but is creditable in determining rate of basic pay.

Prior to 30 June 1949 all service with the exceptions noted above is creditable. Commencing 1 July 1949 the member must earn 50 retirement points per anniversary year in order to receive credit for a year of "satisfactory Federal service" for retirement purposes.

Retirement points may be earned as follows:

1. One point for each duly authorized drill attended in either a pay or nonpay status.

2. One point for each period of equivalent instruction or appropriate duty performed as au-

thorized by the district commandant or the Chief of Naval Personnel.

3. Point credit for completed authorized correspondence courses. The point credit varies in accordance with the course completed.

4. Fifteen points for each year of membership in the Naval Reserve, except when the individual is on the inactive status list or in the Retired Reserve.

In addition to retirement points earned by the methods listed, one point is credited for each day of active duty or active duty for training including travel time.

A maximum of 60 points per anniversary year may be credited by means of items 1 through 4 above. There is no limitation, other than the number of days in a year, upon the number of retirement points which may be earned by active duty or active duty for training.

A reserve officer may obtain a statement of his "satisfactory Federal service" by addressing a request directly to:

Officer in Charge

U.S. Naval Reserve Officer Recording Activity  
30th and Fort Streets

Omaha 11, Neb.

The statement of service will be provided only once a year.

### RETIREMENT PAY

Retirement pay is computed as follows: Sum up your total retirement points earned during your years of service; divide this total by 360; multiply this by 2½ percent of the basic monthly pay of your rank at retirement—this is your retired pay. Maximum retirement pay is 75 percent of the basic pay. The pay of officers and enlisted members of the Naval Reserve is shown elsewhere in this booklet.

Pay on the Retired List is based upon the highest grade or rate in which service was satisfactory, as determined by the Secretary of the Navy.

### POSSIBLE ACTIONS AFTER COMPLETION OF REQUIRED SERVICE

In the event the Naval Reservist completes 20 years' satisfactory Federal service before reaching age 60, he may choose one of four possible courses of action:

- a. *Continue Active Membership.* This action increases the amount of retired pay by accruing

additional points as well as by adding years of service which increases the basic pay upon which retired pay is based.

b. *Request Transfer to Inactive Status List.* Additional points may not be accrued. Basic pay is increased by additional years of service up to 22 for lieutenants, 26 for lieutenant commanders and commanders, and 30 for captains.

c. *Request Transfer to the Retired Reserve.* No additional points or years of service may be accrued except while serving on active duty. Individual remains a member of the Naval Reserve.

d. *Resign or be Discharged.* Individual resumes civilian status throughout. He is eligible only for retirement pay in the nature of pension upon reaching age 60 and is not placed upon the Retired List. Provided he served a total of 8 years of active duty, not including active duty for training during his naval service, he is also entitled to medical care benefits. Further, he is not subject to recall to active duty.

#### BENEFITS OTHER THAN PAY

Certain benefits other than pay accrue to Naval Reservists retired with pay:

1. When not on active duty, they are entitled to wear the prescribed uniform, when the wearing of the uniform is authorized.

2. Privileges of Navy exchanges, small stores, clubs, armed services exchange and commissary stores, subject to the limitations of available facilities, are extended.

3. Reservists retired with pay, if they served at least 8 years on active duty (not including active duty for training) are eligible for hospitalization under the Medicare Act (Public Law 569, 84th Cong.) Their dependents are also covered by this law.

4. Personnel retired with pay, together with their dependents, may take one round trip per year, on a space-available basis, on a Military Sea Transportation Service ship, subject to payment of nominal charges for subsistence and linen services.

#### TRANSFER TO THE RETIRED RESERVE WITHOUT PAY

Members of the Naval Reserve upon application may be transferred to the Retired Reserve List within the discretion of the Secretary of the Navy.

The eligibility requirements for such transfer are as follows:

(1) Has completed a total of 20 years of honorable service in any component of the Armed Forces.

(2) Has completed 10 or more years of active Federal commissioned service.

(3) Has been found physically disqualified for active duty, not as a result of his own misconduct, regardless of total years of service completed.

(4) Having attained the age of 37 years, may be transferred provided he:

(a) Has completed a minimum of 8 years of satisfactory Federal service subsequent to 1 July 1949; or

(b) Has completed a minimum of 8 years of service provided that he has served honorably on active duty in time of war or national emergency for at least 6 months; or

(c) Has consistently supported the Armed Forces in an outstanding manner, as determined by the Secretary of the Navy.

*Privileges of Members of the Retired Reserve.* Retired personnel not on active duty are entitled to wear the prescribed uniform of the grade or rate held on the retired list when the wearing is appropriate. They are entitled to use their military title in connection with commercial enterprises. Subject to the approval of the Secretary of the Navy, they may accept civil employment with, and compensation from, any foreign government or any concern which is controlled in whole or in part by a foreign government.

*Restrictions on Members of the Retired Reserve.* Members are prohibited from wearing the uniform in connection with nonmilitary, personal, or civilian enterprises, or activities of a civilian nature. Retired personnel in an inactive status in a foreign country shall not wear the uniform except when attending, by formal invitation, ceremonies or social functions at which the wearing of the uniform is required by the terms of the invitation, or by the regulations or customs of the country. Except while serving on full-time active duty, members of the Retired Reserve may not accrue additional points or service for retirement pay or promotion purposes. Members of the Retired Reserve will not be called or ordered to perform active duty for training or inactive-duty training for any period of time either with or without pay.



## ACTIVE DUTY IN THE NAVY

### NAVAL INTERNSHIP

The Navy offers internship training in 13 U.S. naval hospitals throughout the country. All internships are rotating in type, however, they differ to a certain extent and can be divided into two groups according to the training provided. For those desiring greater clinical responsibility and experience, with personalized instruction, such is available in the five smaller hospitals. In the remaining eight hospitals, in which there are also approved residency training programs, the intern training is similar to that in university hospitals. In either case the internships are equal to or superior to those offered by most hospitals.

In all of our intern training hospitals, the programs are closely supervised by well qualified staff medical officers and/or residents and a visiting lecture staff from nearby civilian medical centers or outstanding physicians practicing in the area. The hospitals are staffed on a 24-hour basis and those staff members not actually in the hospital may be reached by telephone for consultation or assistance.

The number of interns assigned to each naval hospital is restricted by the Bureau of Medicine and Surgery to that number which will assure an adequate but not excessive ratio between the patient load and the interns.

The intern is immediately a member, and an important member, of the Navy family both professionally and socially. Also, he and his family are eligible for any and all of the benefits available to the career naval officer and his dependents.

All intern training in naval hospitals is conducted in accordance with the requirements of the Council on Medical Education and Hospitals of the American Medical Association, published in the "Essentials of an Approved Internship."

Under the present Secretary of Defense directives, there is no obligated service required in return for a naval internship. However, those interns who are otherwise obligated for active service must remain on active duty after completion of training for the minimum amount of time required to fulfill such obligation.

Each year the number of applicants exceeds the number of internships available, usually by a ratio of 2 to 1. The Navy carefully selects the most outstanding applicants. In this selection, preference is given to the Ensign 1915 USNR officer.

## RESIDENCY TRAINING

Approved training in every major specialty and subspecialty of medicine and surgery is available to naval medical officers on full-time active duty through the Navy Residency Training Program. Residency training is sponsored by the Navy in selected naval hospitals, and, depending upon the needs of the service, in a number of civilian medical schools and medical centers throughout the United States.

The services of eminently qualified civilian lecturers from the leading civilian medical institutions of the United States are utilized actively to assist in conducting and maintaining these training programs in accordance with the highest traditions of American medicine. Each is selected for his proven capabilities in teaching as well as for his contributions to medical science.

The chiefs of the professional services in the Navy's teaching hospitals are chosen from among carefully selected naval medical officers, and almost without exception are diplomates of the specialty board concerned. Under any circumstances, residency training in the Navy is supervised by a diplomate of the respective specialty board.

In many instances selected naval medical officers are ordered to various civilian medical centers so that they may work with the pioneers and authorities in the newer methods and techniques. For example, some of the Navy's cardiovascular surgeons have been working with civilian experts in the field of open heart surgery. A program has been instituted by the Bureau of Medicine and Surgery to train special teams, consisting of cardiac surgeons, cardiac physiologists, electronics physicists, anesthesiologists, nurses and hospital corpsmen for this program.

Requests for residency training are acted upon by the Advisory Board on Professional Matters of the Bureau of Medicine and Surgery. This board makes recommendations based upon the merits of each case, taking into consideration the professional experience, background, and aptitude of the candidate and the needs of the service in the particular specialty in which training is requested. An obligation of additional active military service is assumed by Navy medical officers who receive training under Navy sponsorship.

## SPECIALIZATION AVAILABLE TO ACTIVE DUTY MEDICAL CORPS RESERVISTS

Full-time duty in the Navy affords the young medical officer an opportunity for training and experience in medical specialties in growing fields, Nuclear power, supersonic flight, and the frontiers of space challenge the inventiveness of the military medical specialist in adapting man to increasingly hostile environments.

*Aviation medicine.* The coming conquest of space presents unlimited opportunities to the aviation medicine specialist. The Ensign 1915 and Senior Medical Student Programs open the door to an active-duty assignment in this specialty. Requirements for specialization and appointment as a flight surgeon are as follows:

1. The medical officer must volunteer for flight training and duty.
2. He must be found to be aeronautically adapted and physically qualified.
3. He must sign an agreement to remain on active duty for a period of 1 year following completion of the course of instruction or 6 months beyond his current obligated service, whichever is longer.

Student flight surgeons are ordered to the Naval Aviation Medical Center, Pensacola, Florida, for a 6-month course of instruction. The course is divided into two phases. The first 4½ months are devoted to didactic and clinical studies, including special training in the fields particularly important to aviation medicine, such as ophthalmology, otolaryngology, cardiology, neuropsychiatry, and cardiorespiratory physiology. The course includes training and experience in the special problem areas created by the stresses present in the environment of the aviator, by use of such facilities as low-pressure chambers, ejection-seat training devices, the human centrifuge, and the disorientation device.

The second phase of training consists of 6 weeks' flight and basic ground school training. The qualified flight surgeon can be assigned to practice at the larger naval air stations and aboard aircraft carriers. The carriers are equipped to provide definitive care for large numbers of personnel in the carriers' task force.

Included in the flight surgeon's responsibilities to his flying unit is the diversified care of the aviator's dependents. Thus, the flight surgeon's professional growth in general medicine practice is

enhanced. He may also profitably combine his aviation medicine practice with any of a number of clinical specialties.

Flight surgeons qualify for further postgraduate training leading to certification by the American Board of Preventive Medicine in Aviation Medicine. This is a rapidly growing, challenging medical specialty. Included in this training is an academic year in preventive medicine and public health at one of the approved civilian universities. During the residency training phase, the candidate may pursue his particular interests, with emphasis on clinical, research, or general aspects of aviation medicine practice.

The specialty of aviation medicine may proceed in another direction. The flight surgeon can qualify for flight training leading to the designation of naval aviator. The duration of this training is approximately 18 months. Applications are desired from flight surgeons who have completed a tour of duty with the fleet. Naval aviator flight surgeons are assigned to test pilot programs, experimental squadrons, human engineering test facilities, and research programs.

*Submarine medicine.* Another specialty which will be available to the active-duty Medical Corps reservist is submarine medicine. All training is on a voluntary basis. This specialty is particularly applicable to those having an interest in internal medicine, radiology, occupational medicine, or research. Clinical medical specialty training in all fields is available to submarine medical officers.

Submarine medicine comprises two general programs: the conventional submarine program and the nuclear submarine program. The first requires 7½ months of training and the second 12 months.

Most officers in the conventional submarine program serve as squadron medical officers on the staffs of submarine squadron commanders. They have overall responsibility for the medical care of approximately 2,000 officers and men, as well as supervision of squadron deep-sea diving operations and medical care of the divers. The training course begins the first week in September each year. The first phase of the course, training in underwater physiology, is given at Washington, D.C.; the remainder of the training is given at New London, Conn.

Research in all phases of submarine medicine is carried on at the laboratory in New London. Of greatest importance are the research programs in

respiratory physiology and in assessment of personnel for submarine duty. Medical officers assigned to the laboratory have additional duty at the Submarine Escape Training Tank.

Reserve medical officers entering the conventional submarine program will be required to serve 8 months beyond the time they are already obligated. Those entering the nuclear submarine program will be required to serve 24 months after completion of the course. Those assigned to duty on board a submarine or attached to a submarine squadron are entitled to receive submarine pay, in addition to all other compensation. A certain amount of extra compensation accrues to each officer during the training period. While attending the course in underwater physiology, he will be entitled to receive extra compensation in the amount of \$110 per month. Since this instruction is received under temporary duty orders, he is also entitled to receive a per diem allowance, which usually amounts to about \$250 for the 8-week period of this training. During the submarine underway period at New London, the student medical officer is entitled also to submarine pay.

Further information about submarine medicine may be obtained by addressing a letter to Director, Submarine Medicine Division, Bureau of Medicine and Surgery, Navy Department, Washington 20390, D.C.

*Preventive medicine.* While it is not suggested that preventive medicine is exclusively a military medical specialty, conditions of mobilization create a sudden and acute need for the services of medical and paramedical personnel trained in those specialties which compose the general field of disease prevention.

Adequate care of the health of naval personnel during peace time also requires that continued attention be given to the prevention of disease and injury.

The Preventive Medicine Program of the Navy is carried out through the services of a number of specialized units. Important among these are Disease Vector Control Centers, which provide training and indoctrination of personnel and technical assistance and specialized services in the control of insects and other vectors affecting health and efficiency.

To serve as a nucleus for expansion in case of mobilization, to operate in the field in peace time

and to assist local activities in solving problems in preventive medicine, there are established Preventive Medicine Units. Their present mission is to provide expert and specialized consultation in matters of preventive medicine and environmental health to commands ashore and afloat. In order to perform this mission effectively, the preventive medicine units maintain close liaison with the Armed Forces Epidemiological Board and with committees and subcommittees of the Division of Medical Sciences, National Research Council. Advisory service in connection with preventive medicine needs is also received from the Public Health Service, Department of Agriculture, other Federal agencies, and from civilian research foundations and universities.

The Navy's Preventive Medicine Program is concerned with all facets of human activity which may result in disease or injury. Of specific concern are communicable disease control, with emphasis on venereal disease and tuberculosis; environmental sanitation and habitability problems; food service, emphasizing the control of diseases related to substances used as foods; control of animal and disease vectors; and accident prevention and safety. An added and very important function in discharging these responsibilities is the training of both technical and nontechnical personnel.

In the event of mobilization, large numbers of Naval Reserve personnel who possess training and skills which may be useful in the Preventive Medicine Program will be required. During peace time the Preventive Medicine Program performs the vital function of protecting the health of members of the naval service.

*Medical service in amphibious operations.* The National Security Act of 1947 assigned to the United States Marine Corps the responsibility for development of tactics and equipment for landing forces. The Marine Corps, in addition to training its own amphibious forces, also trains Army, Air Force, and Navy amphibious units.

Medical personnel of the Navy are assigned to provide medical support to units of the Marine Corps and, in this capacity, serve either as medical members of a tactical Marine unit or as members of a medical unit supporting the amphibious forces.

In general, the functions of the medical service of an amphibious force are evacuation of casual-

ties, temporary hospitalization, and sanitation in the combat area.

The peculiar and unusual problems encountered by a mobile medical unit require that the medical commander be trained in the elements of the tactical aspects of warfare. Medical service must be planned and operated in conformity with the specific plans and general policies of the tactical commander, and medical plans must be coordinated with tactical plans.

Recognizing, anticipating, and adequately providing for casualties in the basic planning is the key to a sound medical plan. Members of the Medical Department must be adequately trained in order to furnish effective medical service in amphibious operations.

## BACKGROUND AND CHAIN OF COMMAND

The Naval Reserve is organized and administered under the Armed Forces Reserve Acts of 1952 and 1955, as amended.

The Secretary of the Navy, as head of the Department of the Navy, under the President of the United States and the Secretary of Defense, exercises authority over and is responsible for the conduct of all naval matters. Each year, he must report the status of the Naval Reserve to Congress.

The Chief of Naval Operations, as principal adviser to the Secretary of the Navy, has responsibility for coordinating and directing the efforts of the bureaus and offices of the Department of the Navy. The actual implementation of the policies and plans for the Naval Reserve Program is accomplished through the bureaus and offices of the Department of the Navy.

Integrated into the Naval Reserve Program is the Reserve Medical Program, which functions to provide a force of qualified and trained Medical Department personnel for both the initial and secondary phases of mobilization and for active service support of the Navy Medical Department.

While training of Reserve Medical Department personnel is the technical responsibility of the Chief, Bureau of Medicine and Surgery, funding, quotas, and actual implementation and management control are responsibilities of the Chief of Naval Personnel.

To decentralize its administration, the commandant of each naval district is responsible for the

Naval Reserve Program within his district; on the staff of the commandant is the district medical officer, who has direct responsibility for the immediate implementation of the Reserve Medical Program.

To improve the quality of Reserve training in each naval district and to keep the Department of the Navy constantly informed of the various programs, there is a training command for Naval Air Reserve at Glenview, Ill., and a training command for all other Naval Reserve training at Omaha, Nebr. Each of these commands has a staff medical officer assigned. Through continuous inspections and evaluations of training, specific recommendations are made and the Chief of Naval Personnel and chiefs of other bureaus and offices are fully informed of the status of the Naval Reserve.

## OFFICIAL CORRESPONDENCE

Naval Reservists on inactive duty but attached to or associated with a drilling unit shall forward official correspondence via their organization commander. Reservists not attached to or associated with a unit shall forward official correspondence via their naval district commandant. The foregoing, however, does not preclude Reserve officers on inactive duty from reporting, directly to the bureau or office concerned, information which appears to be of special value or official interest.

Officers performing outstanding services, upon recommendation of the bureau or office concerned, will be issued letters of commendation which will form a part of their official records.

*Fitness reports.* Fitness reports for Reserve officers are completed for the following types of training:

1. *Active duty for training.* Completed after periods of training with or without pay.
2. *Inactive-duty training.* Annual fitness reports are submitted on officers attached to, associated with, or assigned to a paid drill unit or nonpay specialist unit. Also, fitness reports are submitted on officers performing appropriate duty.

*Annual Qualifications Questionnaire.* Annually, upon receipt of the necessary forms from the cognizant commandant, each Naval Reserve officer on inactive duty completes and submits the annual qualification questionnaire in accordance with instructions promulgated by the Chief of Naval Personnel.



*Mailing address.* Mailing address is defined as the address at which a member of the Naval Reserve can be reached quickly at any time by ordinary mail. A member of the Naval Reserve must keep the cognizant custodian of his records informed of his mailing address. Changes of address should be reported as follows:

1. *Officers.* To commandant holding your records. If affiliated with a pay unit, submit report via your unit commanding officer.

2. *Enlisted.* To your commanding officer, when affiliated with a pay unit. To commandant holding your records, if you are not a member of a drill pay unit.

A temporary change of residence of 6 months or less does not require a transfer of records. However, if you have a temporary residence you should notify the holder of your records of your address at the beginning and end of your temporary residence.

## PERTINENT NAVY DEPARTMENT REFERENCES

*U.S. Navy Regulations:* Sets forth the principles and policies by which the Navy is governed.

*Navy Department General Orders:* Supplements Navy Regulations and includes orders relating to special ceremonies, commendations, organizations, budget and appropriations, presidential executive orders, and similar matters.

*Bureau Manuals:* Contain instructions pertaining to matters under the cognizance of the various bureaus.

The addresses of district medical officers are as follows:

FIRST Naval District  
495 Summer Street  
Boston 10, Mass.

THIRD Naval District  
90 Church Street  
New York 7, N.Y.

FOURTH Naval District  
Naval Base  
Philadelphia 12, Pa.

FIFTH Naval District  
Norfolk 11, Va.

SIXTH Naval District  
U.S. Naval Base  
Charleston, S.C.

*BuPers Manual:* Contains instructions governing the various phases of Navy personnel administration. It is divided into six parts; Part H deals with instructions relating to the Naval Reserve.

*Instructions and Notices:* Directives issued by the chiefs of the Navy Department bureaus contain policy and procedure of the Navy. Instructions are defined as directives "which contain information of a continuing nature." Notices are directives of "one-time nature, and contain information or require action which can be completed immediately." The most important to the Medical Department Reservist are those promulgated from time to time by the Chief of Naval Personnel and the Chief, Bureau of Medicine and Surgery.

*Joint Travel Regulations, 1951:* Explains laws and regulations concerning travel and station allowances; sets forth the manner in which transportation is furnished, reimbursement for travel expenses, etc.

*U.S. Navy Uniform Regulations:* Describes uniform and contains regulations for the wearing of naval uniform.

*Navy and Marine Corps Awards Manual:* Provides information pertaining to awards, medals, personal decorations, etc. Contains eligibility lists of all ships, units, service groups, divisions, and squadrons for certain awards.

Interested persons may obtain additional information concerning the Naval Reserve Medical Department Program at the office of the district medical officer at each naval district headquarters.

EIGHTH Naval District  
U.S. Naval Station  
New Orleans 40, La.

NINTH Naval District  
Building 1  
Great Lakes, Ill.

ELEVENTH Naval District  
937 North Harbor Drive  
San Diego 30, Calif.

TWELFTH Naval District  
Federal Office Building  
San Francisco 2, Calif.

THIRTEETH Naval District  
Seattle 15, Wash.

The addresses of Navy recruiting stations are as follows:

**ALABAMA**

Birmingham: 2121 8th Avenue N.

**ARKANSAS**

Little Rock: Old Post Office Building, 2d and Center Streets

**CALIFORNIA**

Los Angeles: 759 South Figueroa Street

San Francisco: Federal Office Building, Leavenworth and Fulton Streets

**COLORADO**

Denver: New Custom House, 19th and California Streets

**DISTRICT OF COLUMBIA**

631 E Street NW.

**FLORIDA**

Jacksonville: 537 Riverside Avenue

**GEORGIA**

Macon: 653-63 Second Street

**ILLINOIS**

Chicago: 536 South Clark Street

**INDIANA**

Indianapolis: 215 East New York St.

**IOWA**

Des Moines: Federal Office Building, 5th and Court Streets

**KENTUCKY**

Ashland: 321 13th Street

Louisville: Post Office Building, 6th and Broadway

**LOUISIANA**

New Orleans: Room 302, U.S. Customs House, 423 Canal Street

**MASSACHUSETTS**

Boston: 560 Atlantic Avenue

**MICHIGAN**

Detroit: Room 413, Federal Building, Fort and Shelby Streets

**MINNESOTA**

Minneapolis: Federal Office Building, Washington and 2d Avenue South

**MISSOURI**

Kansas City: 2420 Broadway

St. Louis: Federal Building, 208 North Broadway

**NEBRASKA**

Omaha: Naval Personnel Center, 30th and Fort Streets, Bldg. 19 South

**NEW MEXICO**

Albuquerque: U.S. Courthouse Building, 5th and Gold Streets

**NEW YORK**

Albany: Post Office Bldg. Broadway

Buffalo: 1021 Main Street

New York City: 207 West 24th St.

**NORTH CAROLINA**

Raleigh: Federal Building, Fayetteville and Martin Streets

**OHIO**

Cleveland: CTS Building, 1404 East Ninth St.

Columbus: 74 E. Gay Street

**OKLAHOMA**

Oklahoma City: American General Building, 621 North Robinson

**OREGON**

Portland: Pioneer Post Office, 520 SW. Morrison Street

**PENNSYLVANIA**

Philadelphia: Blackburn Building, 13 South 13th Street

Pittsburgh: Old Post Office Building, 300 Smithfield Street

**SOUTH CAROLINA**

Columbia: Federal Court House Building, 1100 Laurel Street

**TENNESSEE**

Nashville: U.S. Court House, 801 Broadway

**TEXAS**

Dallas: Wholesale Merchants Building, 912 Commerce Street

Houston: Veterans Administration Hospital, P.O. Box 17085

**VIRGINIA**

Richmond: 1 East Broad Street

**WASHINGTON**

Seattle: 2222 2d Avenue

**WISCONSIN**

Milwaukee: 611 North Broadway

**BUREAU OF MEDICINE AND SURGERY DEPARTMENT OF THE NAVY**





